

FORM 5

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

400310193

Date Received:

08/27/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed.

Completion Type [X] Final completion [ ] Preliminary completion

1. OGCC Operator Number: 69175 4. Contact Name: Jenifer Hakkarinen
2. Name of Operator: PDC ENERGY INC Phone: (303) 8605800
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 8605838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-20679-00 6. County: WELD
7. Well Name: WIEDEMAN Well Number: 24-22
8. Location: QtrQtr: SESW Section: 22 Township: 4N Range: 66W Meridian: 6
Footage at surface: Distance: 727 feet Direction: FSL Distance: 1883 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/23/2003 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:
[ ] Dry [X] Oil [ ] Gas/Coalbed [ ] Disposal [ ] Stratigraphic [ ] Enhanced Recovery [ ] Storage [ ] Observation

16. Total Depth MD 7452 TVD\*\* 17 Plug Back Total Depth MD 7429 TVD\*\*

18. Elevations GR 4740 KB 4750
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Row 1: SURF, 12+1/4, 8+5/8, 24, 0, 409, 350, 0, 409.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/12/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	3,627	540	0	3,627

Details of work:

TIH circulate to 7405'. TIH w/ RBP and set @ 7104', pressure test casing 5000 psi for 20 min, test good.  
 TIH with 1 1/4" annular cement string, tag original cmt @ 3627', pump 270 sks 12.0# Varicem, set EOT @ 1940,pump 270 sks 12.0#  
 Varicem, circulate 15 bbl to surface.

Run CBL from 4300 to surface

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jenifer Hakkarinen

Title: Regulatory analyst Date: 8/27/2012 Email: Jenifer.Hakkarinen@pdce.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400310205	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400310193	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400320747	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)