

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400383940

Date Received:

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. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ 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 05-123-35721-00

6. County: WELD

7. Well Name: Riteaway

Well Number: 32M-243

8. Location: QtrQtr: NENW Section: 32 Township: 5N Range: 67W Meridian: 6

Footage at surface: Distance: 317 feet Direction: FNL Distance: 1794 feet Direction: FWL

As Drilled Latitude: 40.362580 As Drilled Longitude: -104.920120

GPS Data:

Date of Measurement: 12/31/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Holly Tracy

** If directional footage at Top of Prod. Zone Dist.: 1169 feet. Direction: FNL Dist.: 1757 feet. Direction: FWL

Sec: 32 Twp: 5N Rng: 67W

** If directional footage at Bottom Hole Dist.: 656 feet. Direction: FSL Dist.: 2267 feet. Direction: FWL

Sec: 32 Twp: 5N Rng: 67W

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) 11/07/2012 13. Date TD: 11/17/2012 14. Date Casing Set or D&A: 11/08/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10836 TVD** 6771 17 Plug Back Total Depth MD 10836 TVD** 6771

18. Elevations GR 4795 KB 4805

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, GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+3/4	9+5/8	36	0	904	830	0	904	CALC
1ST	8+3/4	7	26	0	7,198	570	0	7,198	CALC
1ST LINER	6+1/8	4+1/2	13.5	7035	10,834				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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 Tech

Date: _____

Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400383956	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400383962	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
<u>Other Attachments</u>					
400383961	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400383965	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)