

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:

400487973

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

5. API Number 05-123-36014-00
6. County: WELD
7. Well Name: Danielson Well Number: 15G-412
8. Location: QtrQtr: NWSW Section: 15 Township: 7N Range: 66W Meridian: 6
Footage at surface: Distance: 2529 feet Direction: FSL Distance: 210 feet Direction: FWL
As Drilled Latitude: 40.574860 As Drilled Longitude: -104.772750

GPS Data:

Date of Measurement: 07/25/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 2329 feet. Direction: FNL Dist.: 1216 feet. Direction: FWL
Sec: 15 Twp: 7N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2271 feet. Direction: FNL Dist.: 491 feet. Direction: FWL
Sec: 15 Twp: 7N Rng: 66W

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) 02/14/2013 13. Date TD: 02/26/2013 14. Date Casing Set or D&A: 02/15/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12034 TVD** 7471 17 Plug Back Total Depth MD 12034 TVD** 7471

18. Elevations GR 4950 KB 4965

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, Gamma Ray

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 | 940 | 840 | 0 | 940 | |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,905 | 630 | 400 | 7,905 | |
| 1ST LINER | 7 | 4+1/2 | 13.5 | 7775 | 12,030 | | | | |

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 | |
| CODELL | 7,882 | | <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> | | | |
| 400491463 | 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"/> |
| <u>Other Attachments</u> | | | |
| 400491454 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400491455 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400491457 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)