

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:

400491023

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 05-123-35275-00  
6. County: WELD  
7. Well Name: Magnuson Well Number: 23I-221  
8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 66W Meridian: 6  
Footage at surface: Distance: 225 feet Direction: FSL Distance: 690 feet Direction: FWL  
As Drilled Latitude: 40.554030 As Drilled Longitude: -104.751810

GPS Data:

Data of Measurement: 07/25/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Holly L. Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 1251 feet. Direction: FNL Dist.: 199 feet. Direction: FEL

Sec: 23 Twp: 7N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 508 feet. Direction: FNL Dist.: 214 feet. Direction: FEL

Sec: 23 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) 01/15/2013 13. Date TD: 01/24/2013 14. Date Casing Set or D&A: 01/16/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11715 TVD\*\* 7276 17 Plug Back Total Depth MD 11715 TVD\*\* 7276

18. Elevations GR 4899 KB 4914

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:

Gamma Ray, CBL

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	900	810	0	900	
1ST	8+3/4	7	26	0	7,682	610	0	7,682	
1ST LINER	7	4+1/2	13.5	7566	11,709				

**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	
NIOBRARA	7,239		<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 ?	
<b><u>Attachment Checklist</u></b>			
400491110	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"/>
400491081	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400491074	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400491079	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)