DRILLING COMPLETION REPORT

Document Number: 400498435

Date Received:

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 05-123-35912-00

6. County: WELD

7. Well Name: Simonsen Well Number: 1Q-241

8. Location: QtrQtr: NENW Section: 12 Township: 6N Range: 67w Meridian: 6

Footage at surface: Distance: 210 feet Direction: FNL Distance: 2019 feet Direction: FWL

As Drilled Latitude: 40.508360 As Drilled Longitude: -104.843970

GPS Data:

Data of Measurement: 06/30/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 1115 feet. Direction: FNL Dist.: 2207 feet. Direction: FWL

Sec: 20 Twp: 6N Rng: 64W

** If directional footage at Bottom Hole Dist.: 539 feet. Direction: FNL Dist.: 2403 feet. Direction: FWL

Sec: 20 Twp: 6N Rng: 64W

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) 02/01/2013 13. Date TD: 02/20/2013 14. Date Casing Set or D&A: 02/07/2013

15. Well Classification:

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

16. Total Depth MD 11813 TVD** 7128 17 Plug Back Total Depth MD 11813 TVD** 7128

18. Elevations GR 4879 KB 4899 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

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	942	850	0	942	
1ST	8+3/4	7	26	0	7,526	625	0	7,526	

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	7,072		☐	☐	

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 ?			

Attachment Checklist

Att Doc Num	Document Name			attached ?	
400498451	CMT Summary *	Yes ☒		No ☐	
	Core Analysis	Yes ☐		No ☒	
	Directional Survey **	Yes ☐		No ☒	
	DST Analysis	Yes ☐		No ☒	
	Logs	Yes ☒		No ☐	
	Other	Yes ☐		No ☒	

Other Attachments

Att Doc Num	Document Name			attached ?	
400498446	LAS-	Yes ☒		No ☐	
400498447	DIRECTIONAL DATA	Yes ☒		No ☐	

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)