

FORM
5Rev
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:

400497938

Date Received:

10/28/2013

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 05-123-35911-00

6. County: WELD

7. Well Name: Simonsen

Well Number: 1L-421

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

Footage at surface: Distance: 210 feet Direction: FNL Distance: 1989 feet Direction: FWL

As Drilled Latitude: 40.508330 As Drilled Longitude: -104.844030

GPS Data:

Date of Measurement: 06/30/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 1377 feet. Direction: FSL Dist.: 1728 feet. Direction: FWL

Sec: 1 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 471 feet. Direction: FNL Dist.: 1673 feet. Direction: FWL

Sec: 1 Twp: 6N Rng: 67W

9. Field Name: SEVERANCE

10. Field Number: 77030

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/19/2013 13. Date TD: 01/29/2013 14. Date Casing Set or D&A: 01/20/2013

15. Well Classification:

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

16. Total Depth MD 11952 TVD** 7297 17 Plug Back Total Depth MD 11952 TVD** 7297

18. Elevations GR 4880 KB 4895

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	929	830	0	929	
1ST	8	7	26	0	7,666	625	0	7,666	
1ST LINER	7	4+1/2	13.5	7542	11,948				

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	7,626		<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: 10/28/2013 Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400503217	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400584287	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>					
400497938	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400503212	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400503214	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Back to draft at opr request.	4/4/2014 10:03:37 AM
Permit	Requested TOPZ footages from opr.	3/20/2014 7:58:21 AM
Permit	Received top of Niobrara from Opr. Previous changes and corrections did not stay. (internal Laserfische problem). Requested TOPZ footages from opr.	3/7/2014 10:28:02 AM
Permit	Added Niobrara top as per opr.	3/7/2014 9:01:35 AM
Permit	Attached Directional Survey and corrected TOPZ and BHL Sec as per opr.	1/9/2014 12:27:20 PM
Permit	TOPZ and BHL on well information tab should read Sec 1 not Sec 12. No Directional Survey Attached.	1/7/2014 10:28:14 AM

Total: 6 comment(s)