

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400723104

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

OGCC Operator Number: 69175

Contact Name: Brian Keenan

Name of Operator: PDC ENERGY INC

Phone: (303) 318-6143

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 831-3990

City: DENVER State: CO Zip: 80203

API Number 05-123-37334-00

County: WELD

Well Name: SORIN NATURAL

Well Number: 2M-303

Location: QtrQtr: NWNE Section: 2 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 20 feet Direction: FNL Distance: 2392 feet Direction: FEL

As Drilled Latitude: 40.348494 As Drilled Longitude: -104.743327

GPS Data:

Date of Measurement: 01/19/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 899 feet. Direction: FNL Dist.: 2534 feet. Direction: FEL

Sec: 2 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 501 feet. Direction: FSL Dist.: 2516 feet. Direction: FEL

Sec: 2 Twp: 4N Rng: 66w

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/24/2014 Date TD: 10/31/2014 Date Casing Set or D&A: 11/02/2014

Rig Release Date: 11/03/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11575 TVD** 7025 Plug Back Total Depth MD TVD** 7025

Elevations GR 4673 KB 4686 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL (PDF & LAS), Surface Cement Ticket, Final Directional Survey, COGCC Final Directional Survey (Excel), MD Logs, TVD Logs, TR Log

CASING, LINER AND CEMENT

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	902	750	0	902	CALC
1ST	8+3/4	7	26	0	7,651	664	0	7,651	CALC
1ST LINER	6+1/8	4+1/2	13.5	7381	11,571				

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,991				

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Brian Keenan

Title: Regulatory Technician Date: _____ Email: brian.keenan@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400726715	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400723117	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"/>
400739547	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400723116	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400739546	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400779708	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400779711	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400779714	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)