

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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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**

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

Total: 0 comment(s)