

FORM  
5Rev  
09/14State 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:

401176264

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: Kelsi Welch

Name of Operator: PDC ENERGY INC

Phone: (303) 831-3974

Address: 1775 SHERMAN STREET - STE 3000

Fax:

City: DENVER State: CO Zip: 80203

API Number 05-123-22729-00

County: WELD

Well Name: WELLS RANCH

Well Number: 42-30

Location: QtrQtr: SENE Section: 30 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/03/2005 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: 03/07/2005 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6946 TVD\*\* Plug Back Total Depth MD 9607 TVD\*\*

Elevations GR 4650 KB 4660 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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	12+1/4	8+6/8	24	0	762	535	0	762	
1ST	7+7/8	4+1/2	10.5	0	6,907	460	2,353	6,807	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/13/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	2,400	500	0	2,400

## Details of work:

Wells Ranch 42-30 (05-123-22729)  
Remedial Annular Cementing Procedure

- Surface Csg: 8.625" – 24# - Set @ 762' w/ 535 sxs.
- Production Csg: 4.5" – 10.5# - Set @ 6,907' w/ 460 sxs.
- CBL Production TOC: @ 2,353'

- 1) MIRU WO rig.
- 2) Make sure well is dead. Check Bradenhead pressure.
- 3) POOH with tubing.
- 4) ND WH.
- 5) Spear 4.5" production csg to remove out of slips.
- 6) TIH w/ 1 1/4" 3.02# CS Hydril stick pipe to 2,353' in production csg annular space
- 7) RU cmt unit.
- 8) Pump 500 sx 13.5 ppg 1.42Y 6.8 G/S cement from 2,400 to surface. Pull 1 1/4" tubing.
- 9) WOC..
- 10) Set slips and NU WH. TIH with tubing.
- 11) RDMO WO rig.

**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	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Kelsi Welch

Title: Production Tech Date: \_\_\_\_\_ Email: kelsi.welch@pdce.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401176291	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)