

**FORM**  
**5**  
Rev  
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:  
401240364

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 05-123-20042-00 County: WELD  
 Well Name: HEINRICH Well Number: 41-9  
 Location: QtrQtr: NENE Section: 9 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 659 feet Direction: FNL Distance: 560 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) 09/23/2000 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
 Rig Release Date: 10/07/2000 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 7064 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 6945 TVD\*\* \_\_\_\_\_

Elevations GR 4618 KB 4628 **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+5/8	24	0	388	275	0	388	
1ST	7+7/8	4+1/2	10.5	0	6,965	360	3,160	6,965	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	700	269	0	700

Details of work:

- 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 700' in production casing annular space.
- 7) RU cmt unit.
- 8) Mix and pump 269 sxs cement from 700' to Surface. Pull 1 1/4" tubing.
- 9) Top remaining annular volume off.
- 10) Set slips and NU WH. TIH with tubing.
- 11) RDMO WO rig. Return well to production.

### 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>			
401240638	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
401240424	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240425	LAS-CEMENT BOND	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>
		Stamp Upon Approval

Total: 0 comment(s)