

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



DE ET OE ES

Document Number:

401285646

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 05-123-14481-00

County: WELD

Well Name: CULBREATH

Well Number: 23-21

Location: QtrQtr: NESW Section: 21 Township: 6N Range: 64W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 2240 feet Direction: FWL

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: 67723

Spud Date: (when the 1st bit hit the dirt) 04/07/1990 Date TD: Date Casing Set or D&A:

Rig Release Date: 04/11/1990 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7040 TVD** Plug Back Total Depth MD 7035 TVD**

Elevations GR 4732 KB 4745 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	314	175	0	175	
1ST	7+7/8	4+1/2	11.6	0	7,040	250	6,328	7,040	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/03/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,143	530	0	1,143

Details of work:

Culbreath 23-21 (05-123-14481)

Remedial Annular Cementing Procedure

- Surface Csg: 8.625" – 24# - Set @ 314' w/ 175 sxs.
- Production Csg: 4.5" – 11.6# - Set @ 7,040' w/ 250 sxs.
- CBL Production TOC: @ 6,328'
- Deepest water well in area: 780'.

- 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 1143' in production casing annular space.
- 7) RU cmt unit.
- 8) Mix and pump 530 sxs cement from 1143' to Surface'. Pull 1 1/4" tubing.
- 9) Set slips and NU WH. TIH with tubing.
- 10) 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>			
401285653	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>			
401285651	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285652	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)