

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:

400491293

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: Ally Gale

Name of Operator: PDC ENERGY INC

Phone: (303) 8605800

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 8605838

City: DENVER State: CO Zip: 80203

API Number 05-123-36955-00

County: WELD

Well Name: Waste Management

Well Number: 2i-221

Location: QtrQtr: SWSW Section: 2 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 230 feet Direction: FSL Distance: 650 feet Direction: FWL

As Drilled Latitude: 40.160830 As Drilled Longitude: -104.525970

GPS Data:

Date of Measurement: 10/20/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 898 feet. Direction: FSL Dist.: 494 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 502 feet. Direction: FNL Dist.: 491 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/03/2013 Date TD: 06/12/2013 Date Casing Set or D&A: 06/13/2013

Rig Release Date: 07/06/2013 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11210 TVD** 6816 Plug Back Total Depth MD 11202 TVD** 6816

Elevations GR 4939 KB 4954

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD

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	951	850	0	951	VISU
1ST	8+3/4	7	26	0	7,295	573	168	7,295	CALC
1ST LINER	6+1/8	4+1/2	13.5	7164	11,206				

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	
PARKMAN	3,875				
SUSSEX	4,219				
SHANNON	5,304				
SHARON SPRINGS	6,711				
NIOBRARA	6,895				

Comment:

No open hole logs were run on this pad. APD was approved in 2013 with no logging BMPs or exceptions.

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

Signed: _____

Print Name: Ally Gale

Title: Regulatory Tech

Date: _____

Email: alexandria.gale@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401418335	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400836933	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400501171	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401414883	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401414884	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401414891	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401420160	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)