

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.

Document Number:
401434259

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Ally Ota

Name of Operator: PDC ENERGY INC Phone: (303) 831-3931

Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

API Number 05-123-42827-00 County: WELD

Well Name: Dunn Well Number: 7L-221

Location: QtrQtr: SWSW Section: 7 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 735 feet Direction: FSL Distance: 980 feet Direction: FWL

As Drilled Latitude: 40.408506 As Drilled Longitude: -104.598269

GPS Data:
Date of Measurement: 03/06/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 487 feet. Direction: FSL Dist.: 1670 feet. Direction: FWL
Sec: 7 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 200 feet. Direction: FNL Dist.: 1666 feet. Direction: FWL
Sec: 6 Twp: 5N Rng: 64W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/03/2017 Date TD: 01/12/2017 Date Casing Set or D&A: 01/14/2017

Rig Release Date: 02/22/2017 Per Rule 308A.b.

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

Total Depth MD 16878 TVD** 6711 Plug Back Total Depth MD 16838 TVD** 6711

Elevations GR 4615 KB 4638 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBI, MWD, (DIL in 123-13053)

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	9+5/8	36	0	1,722	820	0	1,722	VISU
1ST	8+1/2	5+1/2	20	0	16,853	2,205	418	16,853	CALC

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	3,614				
SUSSEX	4,309				
SHANNON	5,037				
SHARON SPRINGS	6,559				
NIOBRARA	6,722				

Comment:

Open hole logging exception; no open hole logs were run on this pad; cased hole neutron run on Dunn 7L-341 (API: 123-42832)

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

Signed: _____

Print Name: Cassie Gonzalez

Title: Regulatory Contractor

Date: _____

Email: cassie.gonzalez@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401439576	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401434384	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"/>
Other Attachments			
401434363	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434368	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434370	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434372	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434374	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434375	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434385	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401434388	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401471967	LAS-CBL 1ST RUN	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)