

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



Document Number:

401461204

Date Received:

11/16/2017

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>69175</u>	Contact Name: <u>Kelsi Welch</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 831-3974</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

API Number <u>05-069-06179-00</u>	County: <u>LARIMER</u>
Well Name: <u>MOUNTAIN VIEW SCHOOL</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>25</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FSL</u> Distance: <u>660</u> feet Direction: <u>FWL</u>	
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: JOHNSON'S CORNER Field Number: 42570
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/28/1983 Date TD: _____ Date Casing Set or D&A: _____
Rig Release Date: 11/06/1983 Per Rule 308A.b.

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

Total Depth MD 7662 TVD** _____ Plug Back Total Depth MD _____ TVD** _____

Elevations GR 4936 KB 4946 **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	549	400	0	549	
1ST	7+7/8	4+1/2	11.6	0	7,662	275	6,386	7,662	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/23/2017

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	765	252	170	752

Details of work:

Mountain View School #1 (05-069-06179)
Remedial Annular Fill Procedure

- Surface Csg: 8 5/8" – 24# - Set @ 549' w/ 400 sks
- Production Csg: 4.5" – 11.6# - Set @ 7662' w/ 275 sks
- CBL Production TOC @ 6386'

Following continuing WBI preparation...

- 1) Spear and unland 4.5" production casing. NU cement flange.
- 2) TIH 1 1/4" CS Hydril to 765' in production casing annular space.
- 3) Rolled hole clean and established circulation.
- 4) RU cementers. Mix and pump 252 sx 15.8# class G cmt for annular coverage from 750' to surface.
- 5) ND cement flange and re-land 4.5" production casing.
- 6) Run CBL from 1000' to surface to confirm adequate cement coverage.
- 7) Continued with originally planned WBI prep.

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	

Operator Comments

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: 11/16/2017 Email: kelsi.welch@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401461211	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>			
401461204	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401461210	PDF-CEMENT BOND	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)