

FORM  
5Rev  
09/14State 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:

400937765

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 Ota

Name of Operator: PDC ENERGY INC

Phone: (303) 860-5800

Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

API Number 05-123-11179-00

County: WELD

Well Name: MAPELLI

Well Number: 1

Location: QtrQtr: SWSE Section: 19 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 40.555133 As Drilled Longitude: -104.703889

## GPS Data:

Date of Measurement: 11/16/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Field

\*\* 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: EATON

Field Number: 19350

Federal, Indian or State Lease Number: 55703

Spud Date: (when the 1st bit hit the dirt) 05/24/1983 Date TD: 06/04/1983 Date Casing Set or D&amp;A: 06/27/1983

Rig Release Date: 09/24/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7944 TVD\*\* Plug Back Total Depth MD 7944 TVD\*\*

Elevations GR 4885 KB 4873 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL

## 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	450	350	0	450	VISU
1ST	7+7/8	4+1/2	11.6	0	7,944	250	0	7,944	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/24/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,200	271	0	1,200

Details of work:

Annular Fill Completed. 271 sx 13.5#/1.5 yield class G

**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	
NIOBRARA	7,050	7,328			
CODELL	7,330	7,350			

Comment:

This form is being submitted to report the annular fill that was completed on 9/24/2015.

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

Signed: \_\_\_\_\_

Print Name: Ally Ota

Title: Regulatory Tech

Date: \_\_\_\_\_

Email: alexandria.ota@pdce.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401527006	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>					
400937785	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400937787	CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User Group    CommentComment Date

		Stamp Upon Approval
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Total: 0 comment(s)