

**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



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Document Number:  
401507269

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) 831-3988  
 City: DENVER State: CO Zip: 80203

API Number 05-123-43547-00 County: WELD  
 Well Name: Ehrlich Well Number: 5M-243  
 Location: QtrQtr: NWNW Section: 5 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 386 feet Direction: FNL Distance: 1098 feet Direction: FWL  
 As Drilled Latitude: 40.434140 As Drilled Longitude: -104.579500

GPS Data:  
 Date of Measurement: 06/07/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Devin Arnold

\*\* If directional footage at Top of Prod. Zone Dist.: 472 feet. Direction: FNL Dist.: 2273 feet. Direction: FWL  
 Sec: 5 Twp: 5N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 2128 feet. Direction: FNL Dist.: 2259 feet. Direction: FWL  
 Sec: 8 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) 04/17/2017 Date TD: 04/21/2017 Date Casing Set or D&A: 04/23/2017  
 Rig Release Date: 04/23/2017 Per Rule 308A.b.

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

Total Depth MD 13920 TVD\*\* 6691 Plug Back Total Depth MD 13601 TVD\*\* 6691  
 Elevations GR 4641 KB 4664 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD, Cased Hole Neutron (DIL in 123-13803)

**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	1,674	770	0	1,674	VISU
1ST	8+1/2	5+1/2	20	0	13,615	2,315	40	13,915	CBL

**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	3,668				
SUSSEX	4,387				
SHANNON	5,043				
SHARON SPRINGS	6,648				
NIOBRARA	6,815				

Comment:

Open hole logging exception; No open hole logs were run. Cased hole neutron run on this well.

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 ?	
<b>Attachment Checklist</b>			
401507612	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401507613	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"/>
<b>Other Attachments</b>			
401507587	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507588	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507593	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507594	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507596	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507597	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507598	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507600	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507601	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401507628	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401585970	WELLBORE DIAGRAM	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)