

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:

400804356

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 05-123-39981-00

County: WELD

Well Name: Chesnut

Well Number: 27K-403

Location: QtrQtr: NWSW Section: 27 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 2277 feet Direction: FSL Distance: 1213 feet Direction: FWL

As Drilled Latitude: 40.369307 As Drilled Longitude: -104.540806

GPS Data:

Date of Measurement: 03/12/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 2047 feet. Direction: FSL Dist.: 1454 feet. Direction: FWL

Sec: 27 Twp: 5N Rng: 64W

** If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 1456 feet. Direction: FWL

Sec: 34 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) 02/21/2015 Date TD: 03/01/2015 Date Casing Set or D&A: 03/04/2015

Rig Release Date: 03/05/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14160 TVD** 6765 Plug Back Total Depth MD 14153 TVD** 6765

Elevations GR 4618 KB 4632 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (DIL in 123-19282 and 123-11480)

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+1/2 | 9+5/8 | 36 | 0 | 924 | 770 | 0 | 924 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,253 | 557 | 650 | 7,253 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | 13.5 | 6804 | 14,156 | | | | |

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 | 3,487 | | | | |
| SUSSEX | 4,160 | | | | |
| SHARON SPRINGS | 6,416 | | | | |
| NIOBRARA | 6,567 | | | | |
| FORT HAYS | 7,345 | | | | |
| CODELL | 8,180 | | | | |

Comment:

Shannon formation not present.
Open Hole Logging Exception based on DIL in White 27-1 (05-123-11480), no open hole logs were run on this pad.

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 Technician

Date: _____

Email: Cassie.Gonzalez@pdce.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <u>Attachment Checklist</u> | | | |
| 401846196 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401846195 | 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> | | | |
| 401846197 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401886322 | LAS-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401886323 | PDF-CBL 1ST RUN | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401886324 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401886327 | LAS-MWD/LWD | 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)

