

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:
402002518

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Jenifer Hakkarinen

Name of Operator: PDC ENERGY INC Phone: (303) 8605800

Address: 1775 SHERMAN STREET - STE 3000 Fax: _____

City: DENVER State: CO Zip: 80203

API Number 05-123-20283-00 County: WELD

Well Name: HICKS Well Number: 41-29

Location: QtrQtr: NENE Section: 29 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 659 feet Direction: FNL Distance: 616 feet Direction: FEL

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: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/27/2001 Date TD: 05/30/2001 Date Casing Set or D&A: 05/30/2001

Rig Release Date: 05/30/2001 Per Rule 308A.b.

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

Total Depth MD 7510 TVD** _____ Plug Back Total Depth MD 7510 TVD** _____

Elevations GR 4950 KB 4962 **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	392	275	0	392	VISU
1ST	7+7/8	4+1/2	10.5	0	7,483	140	6,445	7,483	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	6,408	1,150	0	6,408

Details of work:

1st stage:EOT set @ 6,408.38' w/206 jts,mix, batch, and pump 350 sks (reciprocate pipe) 50/50 Pos 13.5 ppg 1.71 yield (106 bbls) Displace 1.5 Bbls Est. TOC @ 4,595.04', lay down 55 jts.
 2nd stage:EOT set @ 4,690.37' w151 jts, mix,batch and pump 350 sks (reciprocate pipe) of 50/50 Pos 13.5 ppg 1.71 yield (106 bbls) displace 1.0 bbls, Est. TOC @ 2,788.70', lay down 54 jts.
 3rd stage:EOT set @3,013.08' w/97 jts, mix,batch and pump 450 sks (reciprocate pipe) of 50/50 Pos (171 bbls), returned 8 bbls cement to tank, Displace 1.0 Bbls, RD and release Baker, TOOH laying down remaining 97 jts 1 1/4" work string.

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	

Comment:

This form 5 is being submitted prior to P&A to update records

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

Signed: _____ Print Name: Jenifer Hakkarinen

Title: REg TEch Date: _____ Email: JEnifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
402002548	Other	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)

