

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:
402105397

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Cassie Gonzalez
 Name of Operator: PDC ENERGY INC Phone: (303) 860-5800
 Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
 City: DENVER State: CO Zip: 80203

API Number 05-123-45887-00 County: WELD
 Well Name: Jagged Well Number: 6N
 Location: QtrQtr: NESW Section: 8 Township: 4N Range: 64W Meridian: 6
 Footage at surface: Distance: 2167 feet Direction: FSL Distance: 2320 feet Direction: FWL
 As Drilled Latitude: 40.325610 As Drilled Longitude: -104.575680

GPS Data:
 Date of Measurement: 06/07/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: Tyler Blessing

** If directional footage at Top of Prod. Zone Dist.: 1610 feet. Direction: FSL Dist.: 1908 feet. Direction: FWL
 Sec: 8 Twp: 4N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 1613 feet. Direction: FSL Dist.: 2298 feet. Direction: FWL
 Sec: 7 Twp: 4N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/20/2019 Date TD: 04/23/2019 Date Casing Set or D&A: 04/24/2019
 Rig Release Date: 05/22/2019 Per Rule 308A.b.

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

Total Depth MD 11909 TVD** 6798 Plug Back Total Depth MD 11891 TVD** 6798
 Elevations GR 4773 KB 4796 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD (DIL in 123-20445)

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	11,906	1,710	2,880	11,906	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	3,707				
SUSSEX	4,336				
SHANNON	4,972				
SHARON SPRINGS	6,853				
NIOBRARA	6,867				

Comment:

Spud date is correct on Form 5 and incorrect at COGCC's website.
 Depth on CBL pdf header is listed incorrectly at 6,800'. Log was actually run to 6,803' as shown within the log and LAS.
 This well has not yet been completed. Anticipated date of completion is 2nd Quarter 2020.
 Top of Productive Zone footage is based on approved APD footage. Actual TPZ will be provided on the Form 5A.
 Open hole logging exception, no open hole logs were run; Cased hole neutron run on Jagged 1N (API: 05-123-45878).
 TOC comments from our Engineer: 5.5" TOC, 14.0 lead with lower amps and VDL indicating bonding.

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 ?	
Attachment Checklist			
402105598	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402105595	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"/>
Other Attachments			
402105515	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105517	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105526	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105528	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105529	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105531	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105533	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402105596	DIRECTIONAL DATA	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)

