

FORM
5Rev
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



DE ET OE ES

Document Number:

400725358

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: 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 05-123-38900-00

County: WELD

Well Name: SunMarke

Well Number: 28U-334

Location: QtrQtr: NENE Section: 28 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 308 feet Direction: FNL Distance: 210 feet Direction: FEL

As Drilled Latitude: 40.290107 As Drilled Longitude: -104.887020

GPS Data:

Date of Measurement: 09/18/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 243 feet. Direction: FNL Dist.: 875 feet. Direction: FEL

Sec: 28 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 328 feet. Direction: FNL Dist.: 500 feet. Direction: FWL

Sec: 28 Twp: 4N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/12/2014 Date TD: 08/22/2014 Date Casing Set or D&A: 08/23/2014

Rig Release Date: 08/24/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11603 TVD** 7109 Plug Back Total Depth MD 11595 TVD** 7109

Elevations GR 4894 KB 4909 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD (DIL in 123-15969 and 123-13754)

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+3/4	9+5/8	36	0	930	830	0	930	VISU
1ST	8+3/4	7	26	0	7,572	720	1,075	7,572	CBL
1ST LINER	6+1/8	4+1/2	13.5	7426	11,599				

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	3,646				
SUSSEX	4,180				
SHANNON	4,656				
SHARON SPRINGS	6,867				
NIOBRARA	6,973				

Comment:

Logged depths on CBL correctd by operator 7/25/2019.
Open hole logging exception, no open hole logs were run on this pad.
7" TOC comments: TOC @ fluid level

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>			
402057914	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402057913	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>			
402057907	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402057909	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402057910	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402057915	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402122466	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft for AOC settlement.	09/13/2016

Total: 1 comment(s)

