

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:
400615763

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Ally Ota
 Name of Operator: PDC ENERGY INC Phone: (303) 8605800
 Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
 City: DENVER State: CO Zip: 80203

API Number 05-123-36728-00 County: WELD
 Well Name: Dillard Well Number: 20M-203
 Location: QtrQtr: NWNE Section: 20 Township: 7N Range: 64W Meridian: 6
 Footage at surface: Distance: 350 feet Direction: FNL Distance: 2460 feet Direction: FEL
 As Drilled Latitude: 40.564720 As Drilled Longitude: -104.572791

GPS Data:
 Date of Measurement: 11/12/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 836 feet. Direction: FNL Dist.: 2469 feet. Direction: FEL
 Sec: 20 Twp: 7N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 504 feet. Direction: FSL Dist.: 2458 feet. Direction: FEL
 Sec: 20 Twp: 7N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 10/02/2013 Date TD: 10/11/2013 Date Casing Set or D&A: 10/12/2013
 Rig Release Date: 10/13/2013 Per Rule 308A.b.

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

Total Depth MD 11440 TVD** 7039 Plug Back Total Depth MD 11432 TVD** 7039
 Elevations GR 4899 KB 4914 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD, CBL (DIL in 123-23076)

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	933	840	0	933	VISU
1ST	8+3/4	7	26	0	7,425	609	500	7,425	CBL
1ST LINER	6+1/8	4+1/2	13.5	7273	11,436				

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	3,798				
SUSSEX	4,565				
SHARON SPRINGS	6,861				
NIOBRARA	7,121				

Comment:

Shannon Formation not present.
 No open hole logs were run on this pad. APD was approved in 2013 with no logging BMPs or exceptions.
 MWD not run in vertical portion of wellbore.

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

Signed: _____ Print Name: Ally Ota

Title: Regulatory Tech Date: _____ Email: alexandria.ota@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401831075	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401854511	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			
400615791	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401831027	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401831058	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401831059	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401831061	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>
		Stamp Upon Approval

Total: 0 comment(s)

