

FORM  
5

Rev  
02/08

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:

400326347

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

1. OGCC Operator Number: 69175  
2. Name of Operator: PDC ENERGY INC  
3. Address: 1775 SHERMAN STREET - STE 3000  
City: DENVER State: CO Zip: 80203  
4. Contact Name: Jenifer Hakkarinen  
Phone: (303) 8605800  
Fax: (303) 8605838

5. API Number 05-123-34709-00  
6. County: WELD  
7. Well Name: CARMICHAEL Well Number: 26R-203  
8. Location: QtrQtr: NENE Section: 26 Township: 7N Range: 63W Meridian: 6  
Footage at surface: Distance: 100 feet Direction: FNL Distance: 1120 feet Direction: FEL  
As Drilled Latitude: 40.551940 As Drilled Longitude: -104.397920

GPS Data:  
Date of Measurement: 07/21/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Holly L. Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 986 feet. Direction: FNL Dist.: 1144 feet. Direction: FEL  
Sec: 26 Twp: 7n Rng: 63w  
\*\* If directional footage at Bottom Hole Dist.: 508 feet. Direction: FSL Dist.: 1148 feet. Direction: FEL  
Sec: 26 Twp: 7n Rng: 63w

9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/07/2012 13. Date TD: 05/16/2012 14. Date Casing Set or D&A: 05/18/2012

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

16. Total Depth MD 11122 TVD\*\* 6623 17 Plug Back Total Depth MD 11122 TVD\*\* 6623

18. Elevations GR 4769 KB 4785  
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
CBL, GR

20. Casing, Liner and Cement:

CASING

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	919	820	0	919	VISU
1ST	8+3/4	7	26	0	7,070	580	0	7,070	CBL
1ST LINER	6+1/4	4+1/2	11.6	5910	11,122				

**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:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,552		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: Regulatory Analyst Date: \_\_\_\_\_ Email: Jenifer.Hakkarinen@pdce.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400326352	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400326350	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326351	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326353	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326354	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group      Comment      Comment Date**

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Total: 0 comment(s)