

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



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Document Number:
400334098

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

5. API Number 05-123-23141-00 6. County: WELD
 7. Well Name: WELLS RANCH Well Number: 33-15
 8. Location: QtrQtr: NWSE Section: 15 Township: 6N Range: 63W Meridian: 6
 Footage at surface: Distance: 1800 feet Direction: FSL Distance: 1815 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: _____

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) 08/23/2005 13. Date TD: _____ 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 6949 TVD** _____ 17 Plug Back Total Depth MD 6871 TVD** _____

18. Elevations GR 4720 KB 4730 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

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	12+1/4	8+5/8	24	0	544	300	0	544	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/15/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	2,847	435	0	2,870

Details of work:

Casing repair and Remedial cementing

TIH and circulate to 6877'. TIH w/ CIBP and set @6710', dump 2 sx cmt. Pressure test casing, would not pressure-up, locate holes between 1603' and 2604', est free point @ 2850. TIH and cut casing @ 2860' and POOH. Lay down 2859.9' 4 1/2" casing. TIH w/ casing patch and new 4 1/2" casing and worked over stub. Pull 15K, pressure test to 1500 psi for 15 min, test good TIH w/ annular WS, TIH and set EOT @ 2847', pump 435 sx 12# Varicem, return 5 bbl to surface.

Run CBL from 3050 to surface

TIH and drill CIBP, push to 6871 (PBTD)

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	
			<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 ?	
Attachment Checklist			
400334100	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"/>
Other Attachments			
400334099	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)