

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400147406

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: Jeff Glossa

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

Phone: (303) 831-3972

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-32131-00

6. County: WELD

7. Well Name: Carlson

Well Number: 24-2D

8. Location: QtrQtr: SESW Section: 2 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 606 feet Direction: FSL Distance: 2573 feet Direction: FWL

As Drilled Latitude: 40.511830 As Drilled Longitude: -104.745060

GPS Data:

Data of Measurement: 12/29/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Holly Tracy

** If directional footage at Top of Prod. Zone Dist.: 637 feet. Direction: FSL Dist.: 2004 feet. Direction: FWL

Sec: 2 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 642 feet. Direction: FSL Dist.: 2001 feet. Direction: FWL

Sec: 2 Twp: 6N Rng: 66W

9. Field Name: EATON

10. Field Number: 19350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/13/2010 13. Date TD: 11/17/2010 14. Date Casing Set or D&A: 11/17/2010

15. Well Classification:

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

16. Total Depth MD 7530 TVD** 7472 17 Plug Back Total Depth MD 7479 TVD** 7421

18. Elevations GR 4850 KB 4864

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, CNL/DNL/DIL

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
CONDUCTOR	20	16	42	0	60	50	0	60	
SURF	13+1/2	9+5/8	36	0	1,040	545	0	1,040	
1ST	8+3/4	7	23	0	6,838	725	0	6,838	
1ST LINER	6	4+1/2	11.6	6088	10,946	300	6,088	10,946	

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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: Jeff Glossa

Title: Sr Engineering Tech Date: _____ Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	30 Day notice letter	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	APD Orig & 1 Copy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400136859	Deviated Drilling Plan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Exception Loc Request	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Federal Drilling Permit	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Mineral lease map	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Surface agrmt/Surety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400136858	Topo map	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Well Location Plat	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400136857	PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400136860	LEGAL/LEASE DESCRIPTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400136865	DRILLING PLAN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)