


FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400128140	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-123-29321-00		6. County: WELD					
7. Well Name: Guttersen		Well Number: 34-18					
8. Location: QtrQtr: SWSE Section: 18 Township: 3N Range: 63W Meridian: 6							
Footage at surface: Distance: 634 feet Direction: FSL Distance: 2052 feet Direction: FEL							
As Drilled Latitude: 40.219830	As Drilled Longitude: -104.478500						
GPS Data:							
Data of Measurement: 11/13/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly Tracy							
** 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) 08/16/2010 13. Date TD: 08/20/2010 14. Date Casing Set or D&A: 08/21/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 7660 TVD**		17 Plug Back Total Depth MD 7623 TVD**					
18. Elevations GR 4800 KB 4814		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:							
CNL/DNL/DIL, CBL							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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		0	718	510	0	718	CALC
1ST	7+7/8	4+1/2		0	7,654	155	7,037	7,654	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	7,037	945	0	7,037

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	6,541		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,735		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,808		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,220		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,489		<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: 1/27/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072147	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400128140	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	hard copy logs #1908302-03, req cmt tkts, verifying GPS	2/3/2011 2:18:16 PM

Total: 1 comment(s)

Date Run: 6/6/2011 Doc [#400128140] Well Name: Guttersen 34-18

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