


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: 2590568	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: LARRY ROBBINS					
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION		Phone: (303) 860-5822					
3. Address: 1775 SHERMAN STREET - STE 3000		Fax: (303) 860-5838					
City: DENVER	State: CO	Zip: 80203					
5. API Number 05-123-31553-00		6. County: WELD					
7. Well Name: Brown		Well Number: 20MD					
8. Location: QtrQtr: SENW Section: 20 Township: 4N Range: 67W Meridian: 6							
Footage at surface: Distance: 1434 feet Direction: FNL Distance: 2147 feet Direction: FWL							
As Drilled Latitude: 40.301890 As Drilled Longitude: -104.915310							
GPS Data:							
Data of Measurement: 09/05/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: HOLLY L. TRACY							
** If directional footage at Top of Prod. Zone Dist.: 34 feet. Direction: FNL Dist.: 2317 feet. Direction: FWL							
Sec: 20 Twp: 4N Rng: 67W							
** If directional footage at Bottom Hole Dist.: 18 feet. Direction: FNL Dist.: 2320 feet. Direction: FWL							
Sec: 20 Twp: 4N Rng: 67W							
9. Field Name: WATTENBERG		10. Field Number: 90750					
11. Federal, Indian or State Lease Number: NA							
12. Spud Date: (when the 1st bit hit the dirt) 07/25/2010 13. Date TD: 07/29/2010 14. Date Casing Set or D&A: 07/30/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input 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 7671 TVD** 7426		17 Plug Back Total Depth MD 7620 TVD** 7375					
18. Elevations GR 4900 KB 4914		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,NO OPEN HOLE LOGS RUN							

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	512	360		512	CALC
1ST	7+7/8	4+1/2		0	7,656	200	6,200	7,656	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST		860	350	6,360

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	
SUSSEX	4,311		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,859		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,263		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,476		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,497		<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: LARRY ROBBINS

Title: REGULATORY AGENT

Date: 10/27/2010

Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2590570	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2590569	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2590568	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req sx-sh tops	2/7/2011 12:03:18 PM

Total: 1 comment(s)

Date Run: 6/7/2011 Doc [#2590568] Well Name: Brown 20MD

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