

**FORM  
5**Rev  
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:

2591771

**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: 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 05-123-31902-00 6. County: WELD  
7. Well Name: Ryland Well Number: 41-20D  
8. Location: QtrQtr: NWNW Section: 21 Township: 4N Range: 67W Meridian: 6  
Footage at surface: Distance: 903 feet Direction: FNL Distance: 276 feet Direction: FWL  
As Drilled Latitude: 40.303170 As Drilled Longitude: -104.904640

## GPS Data:

Data of Measurement: 11/13/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOLLY L TRACY

\*\* If directional footage at Top of Prod. Zone Dist.: 665 feet. Direction: FNL Dist.: 635 feet. Direction: FEL  
Sec: 20 Twp: 4N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 674 feet. Direction: FNL Dist.: 643 feet. Direction: FEL  
Sec: 20 Twp: 4N Rng: 67W

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) 08/31/2010 13. Date TD: 09/03/2010 14. Date Casing Set or D&A: 09/03/2010

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7580 TVD\*\* 7453 17 Plug Back Total Depth MD 7492 TVD\*\* 736518. Elevations GR 4922 KB 4936

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/CDL, DUAL INDUCTION

## 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		0	615	430	0	615	CALC
1ST	7+7/8	4+1/2		0	7,531	1,015	0	7,531	CBL

### 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	
NIOBRARA	7,091		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,386		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,407		<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: 12/10/2010 Email: LROBBINS@PETD.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591773	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2591772	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>					
2591771	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ DIGITAL CBL	5/17/2011 12:42:37 PM

Total: 1 comment(s)