

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		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 2592487
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: <u>69175</u>		4. Contact Name: <u>LARRY ROBBINS</u>	
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 860-5822</u>	
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>		Fax: <u>(303) 860-5838</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>	
5. API Number <u>05-123-31887-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>Ryland</u>		Well Number: <u>42-20D</u>	
8. Location: QtrQtr: <u>NWNW</u> Section: <u>21</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1072</u> feet Direction: <u>FNL</u>		Distance: <u>250</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.302720</u>		As Drilled Longitude: <u>-104.904750</u>	
GPS Data: Date of Measurement: <u>11/13/2010</u> PDOP Reading: <u>1.7</u> GPS Instrument Operator's Name: <u>STEVE CURE</u>			
** If directional footage at Top of Prod. Zone		Dist.: <u>1990</u> feet. Direction: <u>FNL</u>	Dist.: <u>623</u> feet. Direction: <u>FEL</u>
Sec: <u>20</u>		Twp: <u>4N</u>	Rng: <u>67W</u>
** If directional footage at Bottom Hole		Dist.: <u>1998</u> feet. Direction: <u>FNL</u>	Dist.: <u>626</u> feet. Direction: <u>FEL</u>
Sec: <u>20</u>		Twp: <u>4N</u>	Rng: <u>67W</u>
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>09/26/2010</u>		13. Date TD: <u>09/30/2010</u>	
14. Date Casing Set or D&A: <u>10/01/2010</u>			
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 <u>7642</u> TVD** <u>7475</u>		17 Plug Back Total Depth MD <u>7560</u> TVD** <u>7393</u>	
18. Elevations GR <u>4922</u> KB <u>4936</u>		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: <u>CBL, CNL/CDL, DUAL INDUCTION</u>			
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	670	470	0	670	CALC
1ST	7+7/8	4+1/2		0	7,594	1,040	300	7,594	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	7,122		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,429		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,450		<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: 12/16/2010 Email: LROBBINS@PETS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2592489	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2592488	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>			
2592487	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>

Total: 0 comment(s)