


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: 2592974	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 05-123-20241-00		6. County: WELD					
7. Well Name: AVERY		Well Number: 24-10D					
8. Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 65W Meridian: 6							
Footage at surface: Distance: 680 feet Direction: FSL Distance: 1172 feet Direction: FWL							
As Drilled Latitude: _____	As Drilled Longitude: _____						
GPS Data:							
Data of Measurement: _____	PDOP Reading: _____	GPS Instrument Operator's Name: _____					
** 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) 03/08/2001 13. Date TD: 03/16/2001 14. Date Casing Set or D&A: 03/22/2001							
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 7408 TVD** _____		17 Plug Back Total Depth MD 7362 TVD** _____					
18. Elevations GR 4741 KB 4751		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							

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	401	280	0	401	CALC
1ST	7+7/8	4+1/2		0	7,362	165	5,990	7,362	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

250 sx was original lead cmt. TOC for 400 sx top out is from CBL run 10/28/10.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST		250	3,075	5,990
1 INCH	1ST		400	98	3,061

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: 1/19/2011 Email: JGLOSSA@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2592975	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>					
2592974	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>
Engineer	This is a directional hole. All directional info is blank. Lines 13-19 are blank.	3/29/2011 11:17:32 AM

Total: 1 comment(s)