

**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



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| DE | ET | OE | ES |
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Document Number:  
400150805

**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: 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 05-123-31883-00 6. County: WELD  
 7. Well Name: Chesnut Well Number: 22OD  
 8. Location: QtrQtr: NESW Section: 22 Township: 5N Range: 64W Meridian: 6  
 Footage at surface: Distance: 2236 feet Direction: FSL Distance: 2327 feet Direction: FWL  
 As Drilled Latitude: 40.383690 As Drilled Longitude: -104.536940

GPS Data:

Data of Measurement: 02/05/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: Holly Trach

\*\* If directional footage at Top of Prod. Zone Dist.: 2566 feet. Direction: FSL Dist.: 2537 feet. Direction: FWL  
 Sec: 22 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 2558 feet. Direction: FSL Dist.: 2542 feet. Direction: FWL  
 Sec: 22 Twp: 5N Rng: 64W

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) 11/29/2010 13. Date TD: 12/02/2010 14. Date Casing Set or D&A: 12/03/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6971 TVD\*\* 6928 17 Plug Back Total Depth MD 6894 TVD\*\* 6851

18. Elevations GR 4600 KB 4614

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/DIL

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             | 694           | 490       |         | 694     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 6,932         | 993       |         | 6,932   | 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       | 6,532          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 6,783          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 6,806          |        | <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: 4/6/2011 Email: jglossa@petd.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 400150810                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400150811                   | 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>    |                       |   |  |
| 400150805                   | 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 L.C. TO CORRECT SHL FEL TO FWL | 6/17/2011<br>10:07:46 AM |

Total: 1 comment(s)