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 **DRILLING COMPLETION REPORT**		DE	ET	OE	ES	

Document Number:

400151041

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

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

3. Address: 1775 SHERMAN STREET - STE 3000

City: DENVER   State: CO   Zip: 80203

4. Contact Name: Jeff Glossa

Phone: (303) 831-3972

Fax: (303) 860-5838

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5. API Number   05-123-22346-00

6. County: WELD

7. Well Name: ERICKSON   Well Number: 34-4

8. Location: QtrQtr: SWSE   Section: 4   Township: 6N   Range: 64W   Meridian: 6

Footage at surface: Distance: 475 feet Direction: FSL   Distance: 1770 feet Direction: FEL

As Drilled Latitude: 40.509220   As Drilled Longitude: -104.551970

GPS Data:

Data of Measurement: 08/04/2006   PDOP Reading: 2.8   GPS Instrument Operator's Name: Holly Tracy

** 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: _____

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12. Spud Date: (when the 1st bit hit the dirt) 10/05/2004   13. Date TD: 10/10/2004   14. Date Casing Set or D&A: 10/10/2004

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15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

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16. Total Depth   MD 7315   TVD** _____   17 Plug Back Total Depth   MD 7304   TVD** _____

18. Elevations   GR 4880   KB 4892 | 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:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	2,614	220		2,628

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	
			☐	☐	

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: 4/7/2011   Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name		attached ?	
400151047	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒

Other Attachments

400151041	FORM 5 SUBMITTED	Yes ☒	No ☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)