

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

Document Number:
400158008

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 05-123-31890-00 6. County: WELD
7. Well Name: EEE Well Number: 21NDU
8. Location: QtrQtr: NWNW Section: 21 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1147 feet Direction: FNL Distance: 386 feet Direction: FWL
As Drilled Latitude: 40.302500 As Drilled Longitude: -104.904220

GPS Data:

Data of Measurement: 11/13/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: Holly Tracy

** If directional footage at Top of Prod. Zone Dist.: 1358 feet. Direction: FNL Dist.: 2584 feet. Direction: FWL
Sec: 21 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1360 feet. Direction: FNL Dist.: 2587 feet. Direction: FWL
Sec: 21 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) 10/25/2010 13. Date TD: 10/29/2010 14. Date Casing Set or D&A: 10/29/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7907 TVD** 7455 17 Plug Back Total Depth MD 7860 TVD** 7407

18. Elevations GR 4922 KB 4926

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:

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	24	0	698	490	0	698	CALC
1ST	7+7/8	4+1/2		0	7,874	1,155	0	7,874	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	
SUSSEX	4,451		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,054		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,427		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,720		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,741		<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: 4/26/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400158041	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400158040	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"/>
Other Attachments			
400158008	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req digital CBL	6/7/2011 7:33:18 AM

Total: 1 comment(s)

