


|   |  |   |   |    |    |    |    |
|---|--|---|---|----|----|----|----|
| <b>FORM</b><br><b>5</b><br>Rev<br>02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><br>400168487 | DE | ET | OE | ES |
| DE  | ET   | OE  | ES  |    |    |    |    |
| <b>DRILLING COMPLETION REPORT</b>   |  |   |   |    |    |    |    |
| 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    05-123-31957-00  |  | 6. County:    WELD  |   |    |    |    |    |
| 7. Well Name:    LAJCO  |  | Well Number:    17RD  |   |    |    |    |    |
| 8. Location:    QtrQtr:    SENE    Section:    17    Township:    4N    Range:    67W    Meridian:    6   |  |   |   |    |    |    |    |
| Footage at surface:    Distance:    1373    feet    Direction:    FNL    Distance:    1129    feet    Direction:    FEL   |  |   |   |    |    |    |    |
| As Drilled Latitude:    40.316420   | As Drilled Longitude:    -104.909970   |   |   |    |    |    |    |
| GPS Data:   |  |   |   |    |    |    |    |
| Data of Measurement:    04/14/2011    PDOP Reading:    1.5    GPS Instrument Operator's Name:    Holly L.Tracy  |  |   |   |    |    |    |    |
| ** If directional footage at Top of Prod. Zone    Dist.:    77    feet. Direction:    FNL    Dist.:    1298    feet. Direction:    FEL  |  |   |   |    |    |    |    |
| Sec:    17    Twp:    4N    Rng:    67W   |  |   |   |    |    |    |    |
| ** If directional footage at Bottom Hole    Dist.:    77    feet. Direction:    FNL    Dist.:    1297    feet. Direction:    FEL  |  |   |   |    |    |    |    |
| Sec:    17    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)    02/15/2011    13. Date TD:    02/19/2011    14. Date Casing Set or D&A:    02/20/2011   |  |   |   |    |    |    |    |
| 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    7530    TVD**    7321  | 17 Plug Back Total Depth    MD    7482    TVD**    7308  |   |   |    |    |    |    |
| 18. Elevations    GR    4790    KB    4804  | 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          | 24    | 0             | 692           | 490       | 0       | 692     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,517         | 1,030     | 0       | 7,517   | 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                                 | 4,139          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                | 4,709          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 7,042          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 7,346          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,367          |        | <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: 5/24/2011 Email: jglossa@petd.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400168509                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400168511                   | 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>    |                       |            |                                     |    |                                     |
| 400168487                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment                             | Comment Date        |
|------------|-------------------------------------|---------------------|
| Permit     | e-mailed Jeff Glossa requesting 5A. | 7/1/2011 7:28:00 AM |

Total: 1 comment(s)

Date Run: 7/8/2011 Doc [#400168487] Well Name: LAJCO 17RD

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