


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: 400164153	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 05-123-32326-00		6. County: WELD					
7. Well Name: Leffler		Well Number: 2SD					
8. Location: QtrQtr: NWSE Section: 2 Township: 6N Range: 66W Meridian: 6							
Footage at surface: Distance: 2020 feet Direction: FSL Distance: 2173 feet Direction: FEL							
As Drilled Latitude: 40.515690	As Drilled Longitude: -104.743420						
GPS Data:							
Data of Measurement: 02/26/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Holly L. Tracy							
** If directional footage at Top of Prod. Zone		Dist.: 2548 feet. Direction: FSL Dist.: 1394 feet. Direction: FEL					
Sec: 2		Twp: 6N Rng: 66W					
** If directional footage at Bottom Hole		Dist.: 2530 feet. Direction: FSL Dist.: 1386 feet. Direction: FEL					
Sec: 2		Twp: 6N Rng: 66W					
9. Field Name: EATON		10. Field Number: 19350					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 01/07/2011 13. Date TD: 01/11/2011 14. Date Casing Set or D&A: 01/12/2011							
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 7615 TVD** 7480		17 Plug Back Total Depth MD 7558 TVD** 7426					
18. Elevations GR 4860 KB 4870		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	702	500	0	702	CALC
1ST	7+7/8	4+1/2	11.6	0	7,615	1,095	0	7,615	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	7,148		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,428		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,445		<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: 5/12/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400164158	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400164157	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400164153	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400164160	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)