

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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Document Number:

400165559

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 05-123-32105-00 6. County: WELD
7. Well Name: Schaefer Well Number: 7TD
8. Location: QtrQtr: SESE Section: 7 Township: 6N Range: 66W Meridian: 6
Footage at surface: Distance: 549 feet Direction: FSL Distance: 610 feet Direction: FEL
As Drilled Latitude: 40.496390 As Drilled Longitude: -104.813720

GPS Data:

Data of Measurement: 02/07/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: Holly L.Tracy

** If directional footage at Top of Prod. Zone Dist.: 76 feet. Direction: FSL Dist.: 1489 feet. Direction: FEL
Sec: 7 Twp: 6N Rng: 66W
** If directional footage at Bottom Hole Dist.: 73 feet. Direction: FSL Dist.: 1487 feet. Direction: FEL
Sec: 7 Twp: 6N Rng: 66W

9. Field Name: ANTELOPE 10. Field Number: 2600
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/06/2011 13. Date TD: 01/09/2011 14. Date Casing Set or D&A: 01/10/2011

15. Well Classification:

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

16. Total Depth MD 7519 TVD** 7391 17 Plug Back Total Depth MD 7464 TVD** 7336

18. Elevations GR 4830 KB 4844

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	689	490	0	689	CALC
1ST	7+7/8	4+1/2	11.6	0	7,519	1,040	0	7,519	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	3,260		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,740		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,034		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,336		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,357		<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: 5/17/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400165564	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400165563	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>					
400165559	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>

Total: 0 comment(s)