

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>	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400165976</div>				
<p>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.</p>							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>69175</u>		4. Contact Name: <u>Jeff Glossa</u>					
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 831-3972</u>					
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>		Fax: <u>(303) 860-5838</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>					
5. API Number <u>05-123-32159-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Schaefer</u>		Well Number: <u>42-7D</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>7</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2551</u> feet Direction: <u>FNL</u>		Distance: <u>1585</u> feet Direction: <u>FEL</u>					
As Drilled Latitude: <u>40.502310</u>		As Drilled Longitude: <u>-104.817280</u>					
GPS Data: Data of Measurement: <u>02/21/2011</u> PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>Holly L Tracy</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1965</u> feet. Direction: <u>FNL</u> Dist.: <u>720</u> feet. Direction: <u>FEL</u>					
Sec: <u>7</u>		Twp: <u>6N</u> Rng: <u>66W</u>					
** If directional footage at Bottom Hole		Dist.: <u>1968</u> feet. Direction: <u>FNL</u> Dist.: <u>736</u> feet. Direction: <u>FEL</u>					
Sec: <u>7</u>		Twp: <u>6N</u> Rng: <u>66W</u>					
9. Field Name: <u>EATON</u>		10. Field Number: <u>19350</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>02/04/2011</u> 13. Date TD: <u>02/07/2011</u> 14. Date Casing Set or D&A: <u>02/08/2011</u>							
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 <u>7585</u> TVD** <u>7442</u>		17 Plug Back Total Depth MD <u>7513</u> TVD** <u>7370</u>					
18. Elevations GR <u>4860</u> KB <u>4874</u>		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: <u>CBL, CNL/CDL/DIL</u>							
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	699	490	0	699	CALC
1ST	7+7/8	4+1/2	11.6	0	7,531	986	0	7,531	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	2,996		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,748		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,088		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,375		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,396		<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>			
400165985	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400165986	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>			
400165976	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)