


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  400166379	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    05-123-32107-00		6. County:    WELD					
7. Well Name:    Schaefer		Well Number:    34-7D					
8. Location:    QtrQtr:    SESE    Section:    7    Township:    6N    Range:    66W    Meridian:    6							
Footage at surface:    Distance:    581    feet    Direction:    FSL    Distance:    611    feet    Direction:    FEL							
As Drilled Latitude:    40.496500    As Drilled Longitude:    -104.813810							
GPS Data:							
Data of Measurement:    02/07/2011    PDOP Reading:    2.4    GPS Instrument Operator's Name:    Holly L.Tracy							
** If directional footage at Top of Prod. Zone		Dist.:    574    feet. Direction:    FSL    Dist.:    2051    feet. Direction:    FEL					
Sec:    7    Twp:    6N    Rng:    66W							
** If directional footage at Bottom Hole		Dist.:    564    feet. Direction:    FSL    Dist.:    2056    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)    12/31/2011    13. Date TD:    01/04/2011    14. Date Casing Set or D&A:    01/05/2011							
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    7623    TVD**    7398	17 Plug Back Total Depth    MD    7568    TVD**    7343						
18. Elevations    GR    4860    KB    4874	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	690	490	0	690	CALC
1ST	7+7/8	4+1/2	11.6	0	7,609	1,035	0	7,609	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	2,990		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,758		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,140		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,434		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,455		<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: 5/18/2011 Email: jglossa@petd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400166405	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400166384	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>					
400166379	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)