

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



DE ET OE ES

Document Number:
400184629

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
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-32521-00
6. County: WELD
7. Well Name: Knievel Well Number: 14-12D
8. Location: QtrQtr: NESW Section: 12 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 1634 feet Direction: FSL Distance: 2446 feet Direction: FWL
As Drilled Latitude: 40.498810 As Drilled Longitude: -104.842420

GPS Data:
Data of Measurement: 06/21/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L.Tracy

** If directional footage
at Top of Prod. Zone Distance: 692 feet Direction: FSL Distance: 781 feet Direction: FWL
Sec: 12 Twp: 6N Rng: 67W
at Bottom Hole Distance: 687 feet Direction: FSL Distance: 772 feet Direction: FWL
Sec: 12 Twp: 6N Rng: 67W

9. Field Name: SEVERANCE 10. Field Number: 77030
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/13/2011 13. Date TD: 05/17/2011 14. Date Casing Set or D&A: 05/08/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7755 TVD 7415 17 Plug Back Total Depth MD 7695 TVD 7352

18. Elevations GR 4868 KB 4882
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 | 667 | 490 | 0 | 667 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,715 | 1,105 | 0 | 7,715 | 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 | 4,398 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,023 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,294 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,571 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,591 | | <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: _____ Email: jglossa@petd.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400184631 | DIRECTIONAL SURVEY |
| 400184632 | CEMENT JOB SUMMARY |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)