

**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:

400184674

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 05-123-32527-00 6. County: WELD
7. Well Name: Knievel Well Number: 24-12D
8. Location: QtrQtr: NESW Section: 12 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 1612 feet Direction: FSL Distance: 2446 feet Direction: FWL
As Drilled Latitude: 40.498750 As Drilled Longitude: -104.842440

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: 656 feet Direction: FSL Distance: 2094 feet Direction: FWL
Sec: 12 Twp: 6N Rng: 67W
at Bottom Hole Distance: 652 feet Direction: FSL Distance: 2087 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) 05/08/2011 13. Date TD: 05/12/2011 14. Date Casing Set or D&A: 05/13/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7532 TVD 7413 17 Plug Back Total Depth MD 7454 TVD 733418. 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:

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	VISU
1ST	7+7/8	4+1/2	11.6	0	7,488	965	0	7,488	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	4,225		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,818		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,075		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,349		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,370		<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
400184686	DIRECTIONAL SURVEY
400184687	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)