

FORM
5Rev
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:

400209267

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 05-123-33121-00

6. County: WELD

7. Well Name: Nelson

Well Number: 14-32D

8. Location: QtrQtr: NWSW Section: 32 Township: 7N Range: 66W Meridian: 6

Footage at surface: Distance: 1748 feet Direction: FSL Distance: 930 feet Direction: FWL

As Drilled Latitude: 40.528470 As Drilled Longitude: -104.809580

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 656 feet. Direction: FSL Dist.: 624 feet. Direction: FWL

Sec: 32 Twp: 7N Rng: 66W

** If directional footage at Bottom Hole Dist.: 647 feet. Direction: FSL Dist.: 631 feet. Direction: FWL

Sec: 32 Twp: 7N Rng: 66W

9. Field Name: EATON

10. Field Number: 19350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/11/2011 13. Date TD: 04/15/2011 14. Date Casing Set or D&A: 04/15/2011

15. Well Classification:

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

16. Total Depth MD 7649 TVD** 7497 17 Plug Back Total Depth MD 7617 TVD** 7465

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:

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 | 923 | 690 | 0 | 923 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,632 | 1,020 | 0 | 7,632 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | | | | | |
| Details of work: | | | | | |

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 | 4,354 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,999 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,196 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,458 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,480 | | <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: 9/28/2011 | Email: jglossa@petd.com |

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400209272 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400209273 | 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> | | | | | |
| 400209267 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|----------------------------|---------------------------|
| Permit | HARD COPY LOGS IN SCANNING | 10/11/2011 11:26:34 AM |

Total: 1 comment(s)