

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:
400209294

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 05-123-33127-00 6. County: WELD
 7. Well Name: Nelson Well Number: 24-32D
 8. Location: QtrQtr: NWSW Section: 32 Township: 7N Range: 66W Meridian: 6
 Footage at surface: Distance: 1726 feet Direction: FSL Distance: 929 feet Direction: FWL
 As Drilled Latitude: 40.528440 As Drilled Longitude: -104.809610

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.: 664 feet. Direction: FSL Dist.: 1962 feet. Direction: FWL
 Sec: 32 Twp: 7N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 657 feet. Direction: FSL Dist.: 1959 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) 04/06/2011 13. Date TD: 04/10/2011 14. Date Casing Set or D&A: 04/11/2011

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

16. Total Depth MD 7720 TVD** 7497 17 Plug Back Total Depth MD 7676 TVD** 7453

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	920	650	0	920	VISU
1ST	7+7/8	4+1/2	11.6	0	7,704	1,065	0	7,704	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	4,430		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,077		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,245		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,528		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,550		<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>			
400209301	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400209300	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>			
400209294	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 11:33:50 AM

Total: 1 comment(s)