

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:

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:

Data 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&amp;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)