

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:

400209342

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 05-123-33109-00 6. County: WELD
 7. Well Name: Nelson Well Number: 33-32D
 8. Location: QtrQtr: SESE Section: 32 Township: 7N Range: 66W Meridian: 6
 Footage at surface: Distance: 1163 feet Direction: FSL Distance: 1110 feet Direction: FEL
 As Drilled Latitude: 40.527000 As Drilled Longitude: -104.797860

GPS Data:
Date of Measurement: 08/16/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage at Top of Prod. Zone Dist.: 1833 feet. Direction: FSL Dist.: 1915 feet. Direction: FEL
 Sec: 32 Twp: 7N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1831 feet. Direction: FSL Dist.: 1922 feet. Direction: FEL
 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) 06/09/2011 13. Date TD: 06/12/2011 14. Date Casing Set or D&A: 06/13/2011

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

16. Total Depth MD 7642 TVD** 7515 17 Plug Back Total Depth MD 7594 TVD** 7497

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	936	660	0	936	VISU
1ST	7+7/8	4+1/2	11.6	0	7,637	1,085	0	7,637	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	
PARKMAN	3,814		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,377		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,018		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,149		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,441		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,462		<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>			
400209373	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400209374	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>			
400209342	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 1 comment(s)