

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



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Document Number:
400157678

Date Received:
04/25/2011

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: <u>69175</u>	4. Contact Name: <u>Jeff Glossa</u>
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 831-3972</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

5. API Number <u>05-123-22242-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WELLS RANCH</u>	Well Number: <u>23-1</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>1</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1986</u> feet Direction: <u>FSL</u>	Distance: <u>1980</u> feet Direction: <u>FWL</u>
As Drilled Latitude: _____	As Drilled Longitude: _____

GPS Data:
Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/02/2004 13. Date TD: _____ 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 6814 TVD** _____ 17 Plug Back Total Depth MD 6785 TVD** _____

18. Elevations GR 4680 KB 4690 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

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	411	230	0	411	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	2,770	363	450	2,772

Details of work:

Set RBP @ 6521', pressure test casing to 5000 lbs for 20 min, test good.

TIH with 1 1/4" workstring down annulus, tagged original cmt at 2772', broke circ and condition hole, leave EOT @ 2770', pump 363 sks 11.3 ppg cmt, returned 10 bbl cmt to tank

Run CBL 2970' to Surface.

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	
			<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: 4/25/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400157682	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400157678	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	e-mailed Jeff Glossa to get clarification of attached cement job summary-it says Wells Ranch #42-5, not 23-1.	7/5/2011 12:36:15 PM

Total: 1 comment(s)