

**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:  
400274033

Date Received:

**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 05-123-34358-00 6. County: WELD  
 7. Well Name: Wilson Well Number: 14-34H  
 8. Location: QtrQtr: SWSW Section: 34 Township: 7N Range: 63W Meridian: 6  
 Footage at surface: Distance: 214 feet Direction: FSL Distance: 560 feet Direction: FWL  
 As Drilled Latitude: 40.523560 As Drilled Longitude: -104.430050

GPS Data:

Date of Measurement: 03/29/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L. Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 739 feet. Direction: FSL Dist.: 599 feet. Direction: FWL

Sec: 34 Twp: 7N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 559 feet. Direction: FNL Dist.: 574 feet. Direction: FEL

Sec: 34 Twp: 7N Rng: 63W

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) 01/25/2012 13. Date TD: 02/06/2012 14. Date Casing Set or D&A: 02/08/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11060 TVD\*\* 8838 17 Plug Back Total Depth MD 11060 TVD\*\* 8830

18. Elevations GR 4717 KB 4733

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, GR

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	13+3/4	9+5/8	36	0	861	780	0	861	VISU
1ST	8+3/4	7	26	0	6,985	600	0	6,985	CBL
1ST LINER	6+1/4	4+1/2	11.6	5753	11,055				

### 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	
NIOBRARA	6,554		<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: \_\_\_\_\_ Email: jglossa@petd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400274039	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400274040	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400274036	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274038	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274041	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)