

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400302421

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 05-123-35034-00

6. County: WELD

7. Well Name: Leffler

Well Number: 24-1H

8. Location: QtrQtr: SWSW Section: 1 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 190 feet Direction: FSL Distance: 323 feet Direction: FWL

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.: 990 feet. Direction: FSL Dist.: 849 feet. Direction: FWL

Sec: 1 Twp: 6N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 521 feet. Direction: FNL Dist.: 2054 feet. Direction: FWL

Sec: 1 Twp: 6N 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) 03/24/2012 13. Date TD: 04/03/2012 14. Date Casing Set or D&amp;A: 04/07/2012

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11729 TVD\*\* 7085 17 Plug Back Total Depth MD 11729 TVD\*\* 7085

18. Elevations GR 4616 KB 4631

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+3/8       | 9+5/8          | 36    | 0             | 893           | 810       | 0       | 893     | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,470         | 615       | 0       | 7,470   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 7319          | 11,728        |           |         |         |        |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

| Method used | String | Cementing tool setting/perf 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       | 7,087          |        | <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 ? |
|-------------|---------------|------------|
|-------------|---------------|------------|

**Attachment Checklist**

|           |                       |   |  |
|-----------|-----------------------|---|--|
|           | CMT Summary *         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|           | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400302836 | Directional Survey ** | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|           | DST Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400302837 | Logs                  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|           | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

**Other Attachments**

|           |                  |   |                             |
|-----------|------------------|---|-----------------------------|
| 400302833 | LAS-GAMMA RAY    | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400302834 | LAS-CEMENT BOND  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400302839 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

**General Comments****User Group****Comment****Comment Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)