

State of Colorado  
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY  
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DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

Complete the Attachment Checklist

1. OGCC Operator Number: 69175  
 2. Name of Operator: Petroleum Development Corporation  
 3. Address: 103 East Main Street, P.O. Box 26  
 City: Bridgeport State: WV ZIP: 26330  
 4. Contact Name and Telephone  
 Name: Eric R. Stearns, VP of Exploration & Development  
 Phone: (304) 842-3597  
 Fax: (304) 842-0913

	Oper	OGCC
Survey Plat		
Directional Survey		
Surface Equip. Diagram		
Technical Info. Page		
Other		

5. API Number: 05-123-20550-00  
 6. County: WELD  
 7. Well Name: State 5519  
 Well Number: #8A  
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE, SEC 8, T5N, R63W, 6th  
 Footage at Surface: 1415' FSL, 1484' FEL  
 9. Was a directional survey run? \_\_\_ Y \_\_\_ X \_\_\_ N  
 If directional, footage at Top of Prod. Zone:  
 If directional, footage at Bottom Hole:  
 10. Field Name: WATTENBERG Field Number: 90750  
 11. Federal, Indian or State lease Number:

15. Well Classification  
 \_\_\_ Dry \_\_\_ X \_\_\_ Oil \_\_\_ X \_\_\_ Gas  
 \_\_\_ Coalbed  
 \_\_\_ Stratigraphic \_\_\_ Disposal  
 \_\_\_ Enhanced Recovery  
 \_\_\_ Gas Storage \_\_\_ Observation  
 \_\_\_ Other:

12. Spud Date: 8/27/01 12. Date TD: 8/27/01 14. Date Completed or D&A: 9/7/01  
 16. Total Depth: MD 7012' TVD (same) 17. Plug Back Total: MD 6991' TVD same  
 18. Was a Mud Log Run? \_\_\_ Yes \_\_\_ X \_\_\_ No  
 \*\*One copy of all electronic and mud logs must be submitted.\*\*  
 19. Elevations GR 4750' KB 4760'

20. List Electric Log Run: GR, IND, DENSITY, NEUTRON CBL

CASING, LINER and CEMENT

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Submit contractor's cement job summary for each string cemented		Identify Method	
							Cement Interval		CBL	Calc
							Top	Bottom		
SURF	12 1/4"	8 5/8"	24#	0'	370'	275	0'	370'	<input type="checkbox"/>	XX
PROD	7 7/8"	4 1/2"	10.5#	0'	6991'	140 "G"	6000'	6991'	XX	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
PROD	7 7/8"	4 1/2"	10.5#	0'	6991'	250 lite	3632'	6000'	XX	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>

FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		*** All DST and Core analysis must be submitted to COGCC. *** Comments
	Top	Bottom	DST	Cored	
GREELEY	2557'		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3620'		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4050'		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4453'		<input type="checkbox"/>	<input type="checkbox"/>	
NIORARA	6472'		<input type="checkbox"/>	<input type="checkbox"/>	
FT. HAYES	6764'		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6811'		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	6828'		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6846'		<input type="checkbox"/>	<input type="checkbox"/>	
TD	7012'		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete:

Print Name: Alan H Smith  
 Signed: [Signature] Title: Geologist Date: 1/01/02