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# DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit a Form 6 (Well Abandonment Report.)

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1. OGCC Operator Number: 67305		4. Contact Name & Phone		<div>Complete the Attachment Checklist</div> <div> <div>Oper</div> <div>OGCC</div> </div>			
2. Name of Operator: Patina Oil & Gas Corporation		James Annable					
3. Address: 1625 Broadway, Suite 2000		No: 303-389-3610					
City: Denver	State: CO	Zip: 80202	Fax: 303-389-3688	Electric Logs (1 full set required)		<input checked="" type="checkbox"/>	
5. API Number: 05-123-22604		6. County: Weld		Casing Cement Job Summaries			
7. Well Name: Cade State O		Number: 36-20		Directional Survey			
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW Section 36-T4N-R67W				Geologic Report			
Footage at Surface: 2475' FNL & 1470' FWL				9. Was a directional survey run?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If directional, footage at Top of Prod. Zone:				DST Report			
If directional, footage at Bottom Hole:				Core Analysis			
10. Field Name: Wattenberg		Field Number: 90750		Other			
11. Federal, Indian or State Lease Number:							
12. Spud Date 12/27/2004		13. Date TD Reached 12/31/04		14. Date Completed or D&A 1/22/05		15.	
16. Total depth		16. PB Total depth		Well Classification			
MD	7464'	TVD	MD	7434'	TVD	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Coalbed	
18. Was a Mud Log Run?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Elevations		<input type="checkbox"/> Stratigraphic <input type="checkbox"/> Disposal	
** A copy of all electric and mud log runs must be submitted.				GR 4769'		KB 4779'	
20. List Electric Logs Run:				GR, Induction, CNL, CDL		<input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Gas Storage <input type="checkbox"/> Observation	
						<input type="checkbox"/> Other:	

## CASING, LINER and CEMENT

21.

Submit contractor's cement job summary for each string cemented

[illegible]

## FORMATION LOG INTERVALS and TEST ZONES

22.

[illegible]

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

Print Name James Annable

Signed

Title: *Regulatory Engineer*

Date: 04/01/05