

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2510901

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: LARRY ROBBINS
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 860-5822
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-30972-00 6. County: WELD
7. Well Name: Wells Ranch State Well Number: 32-28
8. Location: QtrQtr: SWNE Section: 28 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 1935 feet Direction: FNL Distance: 2090 feet Direction: FEL
As Drilled Latitude: 40.459560 As Drilled Longitude: -104.439890

GPS Data:

Data of Measurement: 06/04/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: HOLLY L TRACY

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 6524.81

12. Spud Date: (when the 1st bit hit the dirt) 03/11/2010 13. Date TD: 03/14/2010 14. Date Casing Set or D&A: 03/16/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6962 TVD _____ 17 Plug Back Total Depth MD 6909 TVD _____18. Elevations GR 4750 KB 4764

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,CNL/CDL, DUAL INDUCTION

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		0	535	380		535	CALC
1ST	7+7/8	4+1/2		0	6,928	159	2,350	6,928	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF		731	0	5,880

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	6,515		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,774		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,797		<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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 7/16/2010 Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Name
2510901	FORM 5 SUBMITTED
2510902	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)