

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



DE ET OE ES

Document Number:

2510911

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 05-123-29802-00 6. County: WELD
7. Well Name: Cozzens Well Number: 13-9D
8. Location: QtrQtr: SENW Section: 9 Township: 6N Range: 65W Meridian: 6
Footage at surface: Distance: 2770 feet Direction: FNL Distance: 1483 feet Direction: FWL
As Drilled Latitude: 40.500940 As Drilled Longitude: -104.672720

GPS Data:

Data of Measurement: 05/28/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: HOLLY L TRACY

** If directional footage

at Top of Prod. Zone Distance: 2087 feet Direction: FSL Distance: 665 feet Direction: FWL
Sec: 9 Twp: 6N Rng: 65W
at Bottom Hole Distance: 2085 feet Direction: FSL Distance: 671 feet Direction: FWL
Sec: 9 Twp: 6N Rng: 65W

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) 03/16/2010 13. Date TD: 03/20/2010 14. Date Casing Set or D&A: 03/21/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7452 TVD 7301 17 Plug Back Total Depth MD 7386 TVD 7235

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	537	380		537	CALC
1ST	7+7/8	4+1/2		0	7,433	168	6,350	7,433	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		576	0	6,402

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	6,958		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,207		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,228		<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: 7/19/2010 Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Name
2510911	FORM 5 SUBMITTED
2510912	CEMENT JOB SUMMARY
2510913	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)