

**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:

2071416

**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) 8605822  
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 8605838  
City: DENVER State: CO Zip: 80203

5. API Number 05-045-14277-00 6. County: GARFIELD  
7. Well Name: Chevron Well Number: 11D-7D  
8. Location: QtrQtr: NWSW Section: 7 Township: 6S Range: 96W Meridian: 6  
Footage at surface: Distance: 2213 feet Direction: FSL Distance: 1056 feet Direction: FWL  
As Drilled Latitude: 39.536220 As Drilled Longitude: -108.155720

## GPS Data:

Data of Measurement: 07/14/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: LARRY ROBBINS

## \*\* If directional footage

at Top of Prod. Zone Distance: 1103 feet Direction: FNL Distance: 648 feet Direction: FWL  
Sec: 7 Twp: 6S Rng: 96W  
at Bottom Hole Distance: 1133 feet Direction: FNL Distance: 636 feet Direction: FWL  
Sec: 7 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 04/23/2010 13. Date TD: 05/03/2010 14. Date Casing Set or D&A: 05/04/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8351 TVD 7890 17 Plug Back Total Depth MD 8189 TVD 772818. Elevations GR 6364 KB 6388

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:

PNDL/GR, PND-S CASED HOLE TRIPLE COMBO, 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
CONDUCTOR	32	16		0	100	100	0	100	CALC
SURF	12+1/4	8+5/8		0	3,064	844	0	3,064	CALC
1ST	7+7/8	4+1/2		0	8,314	535	3,060	8,314	CBL

### ADDITIONAL CEMENT

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

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WASATCH G	3,065		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	3,483		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,075		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,628		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,130		<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: 9/29/2010

Email: LROBBINS@PETD.COM

### Attachment Check List

Att Doc Num	Name
2071416	FORM 5 SUBMITTED
2071418	DIRECTIONAL SURVEY
2071419	CEMENT JOB SUMMARY

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)