

**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:

400147391

**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: Jeff Glossa

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

Phone: (303) 831-3972

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-32126-00

6. County: WELD

7. Well Name: Carlson

Well Number: 14-2D

8. Location: QtrQtr: SESW Section: 2 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 584 feet Direction: FSL Distance: 2575 feet Direction: FWL

As Drilled Latitude: 40.511750 As Drilled Longitude: -104.745030

## GPS Data:

Data of Measurement: 12/29/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Holly Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 622 feet. Direction: FSL Dist.: 613 feet. Direction: FWL

Sec: 2 Twp: 6N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 629 feet. Direction: FSL Dist.: 612 feet. Direction: FWL

Sec: 2 Twp: 6N Rng: 66W

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) 11/08/2010 13. Date TD: 11/11/2010 14. Date Casing Set or D&amp;A: 11/12/2010

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7846 TVD\*\* 7490 17 Plug Back Total Depth MD 7805 TVD\*\* 7449

18. Elevations GR 4850 KB 4864

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			701	500		701	CALC
1ST	7+7/8	4+1/2			7,834	1,005		7,834	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	
SUSSEX	4,026		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,856		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,366		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,641		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,662		<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: Jeff Glossa

Title: Sr Engineering Tech Date: \_\_\_\_\_ Email: jglossa@petd.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400147396	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400147397	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)