

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

DRILLING COMPLETION REPORT

Document Number:

400147391

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&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**

User Group	Comment	Comment Date

Total: 0 comment(s)