

FORM
5Rev
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:

400161074

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 05-011-06194-00 6. County: BENT
7. Well Name: Smartt Ranch Well Number: 33-2
8. Location: QtrQtr: NWSE Section: 2 Township: 22S Range: 49W Meridian: 6
Footage at surface: Distance: 2340 feet Direction: FSL Distance: 1416 feet Direction: FEL
As Drilled Latitude: 38.164470 As Drilled Longitude: -102.874690

GPS Data:

Data of Measurement: 04/29/2011 PDOP Reading: 1.3 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/13/2011 13. Date TD: 01/25/2011 14. Date Casing Set or D&A: 01/26/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 4930 TVD _____ 17 Plug Back Total Depth MD 4888 TVD _____18. Elevations GR 3934 KB 3945

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, MPD/MDN, MIA/MFE, MML, CDA

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	24	0	829	300	0	829	CALC
1ST	7+7/8	4+1/2	11.6	0	4,904	307	0	4,904	CBL

ADDITIONAL CEMENT

Cement work date: 01/26/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,985	438	0	2,985

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	
TOPEKA	3,156		<input type="checkbox"/>	<input type="checkbox"/>	
KANSAS CITY	3,382		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,524		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	3,828		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	3,993		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,283		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,530		<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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400161081	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)