

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: 2071560
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>69175</u>		4. Contact Name: <u>LARRY ROBBINS</u>	
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 860-5822</u>	
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>		Fax: <u>(303) 860-5838</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>	
5. API Number <u>05-123-31478-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>Bijou</u>		Well Number: <u>14-19D U</u>	
8. Location: QtrQtr: <u>SENW</u> Section: <u>19</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>2478</u> feet Direction: <u>FNL</u>		Distance: <u>1306</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.385170</u>		As Drilled Longitude: <u>-104.484170</u>	
GPS Data: Data of Measurement: <u>09/05/2010</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>HOLLY L. TRACY</u>			
** If directional footage at Top of Prod. Zone		Dist.: <u>719</u> feet. Direction: <u>FSL</u>	Dist.: <u>692</u> feet. Direction: <u>FWL</u>
Sec: <u>19</u>		Twp: <u>5N</u>	Rng: <u>63W</u>
** If directional footage at Bottom Hole		Dist.: <u>727</u> feet. Direction: <u>FSL</u>	Dist.: <u>688</u> feet. Direction: <u>FWL</u>
Sec: <u>19</u>		Twp: <u>5N</u>	Rng: <u>63W</u>
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>05/29/2010</u>		13. Date TD: <u>06/02/2010</u>	
14. Date Casing Set or D&A: <u>06/03/2010</u>			
15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>7212</u> TVD** <u>7137</u>		17 Plug Back Total Depth MD <u>7147</u> TVD** <u>7072</u>	
18. Elevations GR <u>4555</u> KB <u>4569</u>		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: <u>CBL, CNL/CDL, DUAL INDUCTION</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	1,381	920	0	1,381	CALC
1ST	7+7/8	4+1/2		0	7,171	165	6,110	7,171	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND		745	0	6,110

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	6,838		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,002		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,026		<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 Date: 10/5/2010 Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2071558	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071559	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2071560	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)