

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

Document Number:
2590572

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) 860-5822
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-31567-00 6. County: WELD
7. Well Name: Brown Well Number: 200D
8. Location: QtrQtr: SENW Section: 20 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1455 feet Direction: FNL Distance: 2108 feet Direction: FWL
As Drilled Latitude: 40.301780 As Drilled Longitude: -104.915530

GPS Data:

Data of Measurement: 09/05/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: HOLLY L. TRACY

** If directional footage at Top of Prod. Zone Dist.: 2570 feet. Direction: FNL Dist.: 2334 feet. Direction: FWL
Sec: 20 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2569 feet. Direction: FNL Dist.: 2329 feet. Direction: FWL
Sec: 20 Twp: 4N Rng: 67W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 08/03/2010 13. Date TD: 08/07/2010 14. Date Casing Set or D&A: 08/08/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7639 TVD** 7468 17 Plug Back Total Depth MD 7567 TVD** 7396

18. Elevations GR 4900 KB 4914

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		0	504	360	0	504	CALC
1ST	7+7/8	4+1/2		0	7,589	182	6,406	7,589	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,406	867	200	6,406

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	4,227		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,792		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,120		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,418		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,438		<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: 10/28/2010 Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2590574	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590573	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>			
2590572	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req sx-sh tops	2/7/2011 12:10:21 PM

Total: 1 comment(s)

