


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: 2592968
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>JEFF GLOSSA</u>	
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 831-3972</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>05-123-20060-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>J&L FARMS</u>		Well Number: <u>23-29</u>	
8. Location: QtrQtr: <u>NESW</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FSL</u> Distance: <u>2135</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: _____ As Drilled Longitude: _____			
GPS Data:			
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____			
** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____			
Sec: _____ Twp: _____ Rng: _____			
** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____			
Sec: _____ Twp: _____ Rng: _____			
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>09/29/2000</u> 13. Date TD: <u>10/04/2000</u> 14. Date Casing Set or D&A: <u>10/16/2000</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>7003</u> TVD** _____		17 Plug Back Total Depth MD <u>6955</u> TVD** _____	
18. Elevations GR <u>4680</u> KB <u>4693</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</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+1/2	8+5/8		0	389	275	0	275	CALC
1ST	7+7/8	4+1/2		0	6,955	175	3,000	6,994	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		215	2,993	6,150
SQUEEZE	1ST		455	0	2,808
SQUEEZE	1ST		382	2,808	3,800

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	
			<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: 1/21/2011 Email: JGLOSSA@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2592969	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
2592968	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)