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|---|--|--|---|----|----|----|----|
| 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 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 2592957 | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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 <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>05-123-32076-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>Rickards</u> | | Well Number: <u>41-10H</u> | | | | | |
| 8. Location: QtrQtr: <u>NENE</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>61W</u> Meridian: <u>6</u> | | | | | | | |
| Footage at surface: Distance: <u>48</u> feet Direction: <u>FNL</u> Distance: <u>990</u> feet Direction: <u>FEL</u> | | | | | | | |
| As Drilled Latitude: <u>40.509440</u> | As Drilled Longitude: <u>-104.189310</u> | | | | | | |
| GPS Data: | | | | | | | |
| Data of Measurement: <u>11/13/2010</u> | | PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>STEVE CURE</u> | | | | | |
| ** If directional footage at Top of Prod. Zone | | Dist.: <u>937</u> feet. Direction: <u>FNL</u> Dist.: <u>974</u> feet. Direction: <u>FEL</u> | | | | | |
| Sec: <u>10</u> Twp: <u>6n</u> Rng: <u>61w</u> | | | | | | | |
| ** If directional footage at Bottom Hole | | Dist.: <u>626</u> feet. Direction: <u>FNL</u> Dist.: <u>975</u> feet. Direction: <u>FWL</u> | | | | | |
| Sec: <u>10</u> Twp: <u>6n</u> Rng: <u>61w</u> | | | | | | | |
| 9. Field Name: <u>KRIEGER</u> | | 10. Field Number: <u>47570</u> | | | | | |
| 11. Federal, Indian or State Lease Number: _____ | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) <u>10/18/2010</u> 13. Date TD: <u>10/25/2010</u> 14. Date Casing Set or D&A: <u>10/26/2010</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>10576</u> TVD** _____ | | 17 Plug Back Total Depth MD <u>105</u> TVD** _____ | | | | | |
| 18. Elevations GR <u>4706</u> KB <u>4724</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>M ICRO-IMAGER, 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 | 13+1/2 | 9+5/8 | | 0 | 855 | 382 | 0 | 855 | CALC |
| 1ST | 8+3/4 | 7 | | 0 | 6,681 | 825 | 0 | 6,681 | CBL |
| 1ST LINER | 6+1/8 | 4+1/2 | | 5399 | 10,564 | | | | CALC |

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 | |
| PARKMAN | 3,259 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,956 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,518 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,153 | | <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: 1/17/2011 Email: JGLOSSA@PETD.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 2592959 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2592958 | 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> | | | |
| 2592957 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|--------------------------|
| Engineer | No bottom of 4-1/2" liner indicated on the Form 5, emailed Jeff glossa 6/16/2011, requesting liner bottom elevation. | 6/16/2011 11:10:18 AM |

Total: 1 comment(s)

Date Run: 6/20/2011 Doc [#2592957] Well Name: Rickards 41-10H

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