

**FORM  
5**Rev  
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:

400158337

**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 05-123-31519-00 6. County: WELD  
7. Well Name: Binder Well Number: 12-10DU  
8. Location: QtrQtr: SWNW Section: 10 Township: 4N Range: 67W Meridian: 6  
Footage at surface: Distance: 1786 feet Direction: FNL Distance: 359 feet Direction: FWL  
As Drilled Latitude: 40.329420 As Drilled Longitude: -104.885330

## GPS Data:

Data of Measurement: 02/06/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly Tracy\*\* If directional footage at Top of Prod. Zone Dist.: 2162 feet. Direction: FNL Dist.: 753 feet. Direction: FWLSec: 10 Twp: 4N Rng: 67W\*\* If directional footage at Bottom Hole Dist.: 2170 feet. Direction: FNL Dist.: 749 feet. Direction: FWLSec: 10 Twp: 4N Rng: 67W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2010 13. Date TD: 01/02/2011 14. Date Casing Set or D&A: 01/03/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7360 TVD\*\* 7313 17 Plug Back Total Depth MD 7318 TVD\*\* 727118. Elevations GR 4760 KB 47744814

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/DIL

## 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	469	330	0	469	CALC
1ST	7+7/8	4+1/2	11.6	0	7,336	1,055	0	6,939	CBL

### 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	
SUSSEX	4,049		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,609		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,837		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,163		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,184		<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: 4/26/2011 Email: jglossa@petd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400158338	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072407	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"/>
400158340	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400158337	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REQ AND ATTACHED D/E FOR THIS WELL. REQ INCORRECT D/S BE REMOVED - DOC#400158339	6/13/2011 8:37:58 AM

Total: 1 comment(s)

Date Run: 6/21/2011 Doc [#400158337] Well Name: Binder 12-10DU

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