

**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:

400160176

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 05-123-31888-00 6. County: WELD
7. Well Name: Centennial Well Number: 12-21DU
8. Location: QtrQtr: NWNW Section: 21 Township: 4N Range: 67W Meridian: 6
Footage at surface: Distance: 1149 feet Direction: FNL Distance: 320 feet Direction: FWL
As Drilled Latitude: 40.302470 As Drilled Longitude: -104.904440

GPS Data:

Data of Measurement: 11/13/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Steve Cure** If directional footage at Top of Prod. Zone Dist.: 2031 feet. Direction: FNL Dist.: 697 feet. Direction: FWLSec: 21 Twp: 4N Rng: 67W** If directional footage at Bottom Hole Dist.: 2044 feet. Direction: FNL Dist.: 702 feet. Direction: FWLSec: 21 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) 10/11/2010 13. Date TD: 10/14/2010 14. Date Casing Set or D&A: 10/15/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7579 TVD** 7462 17 Plug Back Total Depth MD 7536 TVD** 741918. Elevations GR 4922 KB 4936

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	675	480	0	675	CALC
1ST	7+7/8	4+1/2	11.6	0	7,551	1,040	0	7,551	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	4,228		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,776		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,115		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,382		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,400		<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: 4/28/2011

Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400160197	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400160193	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>					
400160176	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>
Permit	REQ DIGITAL CBL	6/13/2011 11:19:54 AM

Total: 1 comment(s)

Date Run: 6/21/2011 Doc [#400160176] Well Name: Centennial 12-21DU

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