

<b>FORM</b> <b>5</b> Rev 02/08	State of Colorado <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
<b>DRILLING COMPLETION REPORT</b>			Document Number:  1635145
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>05-123-22597-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>KREPS</u>		Well Number: <u>33-6</u>	
8. Location:    QtrQtr: <u>NWSE</u> Section: <u>6</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>			
Footage at surface:    Distance: <u>2010</u> feet    Direction: <u>FSL</u> Distance: <u>1770</u> feet    Direction: <u>FEL</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>01/22/2005</u> 13. Date TD: <u>01/26/2005</u> 14. Date Casing Set or D&A: <u>02/03/2005</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>7263</u> TVD**    _____		17 Plug Back Total Depth    MD <u>7255</u> TVD**    _____	
18. Elevations    GR <u>4740</u> KB <u>4750</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+1/4	8+5/8	24	0	453	250	0	453	
1ST	7+5/8	4+1/2	10.5	0	7,255	150	6,420	7,255	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	3,190	430	0	3,192
STAGE TOOL	1ST		360	3,254	6,420

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: 4/5/2011 Email: JGLOSSA@PETD.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
1635146	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"/>
<b>Other Attachments</b>			
1635145	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Data Entry	SPUD DATE ENTERED FOR SUBMISSION REQUIREMENT. ENTER CASING CEMENT TABLE FROM DATA BASE PER DIRK.	5/16/2011 10:27:32 AM

Total: 1 comment(s)