

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

Document Number:
400213556

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
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-12790-00
6. County: WELD
7. Well Name: SKURICH-ROTHE Well Number: 12-6
8. Location: QtrQtr: SWNW Section: 6 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 1955 feet Direction: FNL Distance: 720 feet Direction: FWL
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 Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:
at Bottom Hole Distance: feet Direction: Distance: feet Direction:
Sec: Twp: Rng:

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 65534

12. Spud Date: (when the 1st bit hit the dirt) 11/02/1985 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6826 TVD 17 Plug Back Total Depth MD 6802 TVD

18. Elevations GR 4615 KB 1625
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

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| | | | | | | | | | |

ADDITIONAL CEMENT

Cement work date: 08/16/2011

Details of work:

Casing leaks isolated between 1920' and 3955'

Set RBP @ 6375", TIH and cut casing @ 5222, TOOH w/ old casing. TIH w/ casing patch and new 4 1/2" casing, work patch over stub, pressure to 600 psi, test good, pull 10K over string wt, pressure test casing and patch to 1500 psi for 15 min, test good.

TIH with 1 1/4" workstring down annulus, ran EOT to 5613', broke circ and condition hole, pump 195 sks 13.0# 1.71 yield cmt, set EOT @ 4676', pump 275 sks 12.0# 2.18 yield cmt, set EOT @ 2958, pump 275 sks 12# 2.18 yield cmt, set EOT @ 1238, pump 255 sks 13# 1.71 yield cmt, returned 15 bbl to tank

Ran CBL 6100' to Surface.

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | SURF | 5,613 | 1,000 | 0 | 5,613 |

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: _____ Email: jglossa@petd.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|-----------------|
| 400213559 | LAS-CEMENT BOND |

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)