

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



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Document Number:  
400209277

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 05-123-33131-00 6. County: WELD  
 7. Well Name: Nelson Well Number: 23-32D  
 8. Location: QtrQtr: NWSW Section: 32 Township: 7N Range: 66W Meridian: 6  
 Footage at surface: Distance: 1770 feet Direction: FSL Distance: 931 feet Direction: FWL  
 As Drilled Latitude: 40.528560 As Drilled Longitude: -104.809610

GPS Data:  
Date of Measurement: 06/06/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Holly L. Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 1988 feet. Direction: FSL Dist.: 2031 feet. Direction: FWL  
 Sec: 32 Twp: 7N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 1989 feet. Direction: FSL Dist.: 2036 feet. Direction: FWL  
 Sec: 32 Twp: 7N Rng: 66W

9. Field Name: EATON 10. Field Number: 19350  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 04/16/2011 13. Date TD: 04/20/2011 14. Date Casing Set or D&A: 04/21/2011

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

16. Total Depth MD 7648 TVD\*\* 7512 17 Plug Back Total Depth MD 7602 TVD\*\* 7464

18. Elevations GR 4860 KB 4874 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	938	660	0	936	VISU
1ST	7+7/8	4+1/2	11.6	0	7,637	1,025	0	7,637	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

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

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	4,367		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,001		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,164		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,459		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,480		<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: 9/28/2011 Email: jglossa@petd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400209283	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400209282	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>			
400209277	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	HARD COPY LOGS IN SCANNING	10/11/2011 11:30:27 AM

Total: 1 comment(s)