

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:

400236751

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 05-123-32621-00  
6. County: WELD  
7. Well Name: Waste Management Well Number: 26FD  
8. Location: QtrQtr: SWNW Section: 26 Township: 3N Range: 64W Meridian: 6  
Footage at surface: Distance: 1465 feet Direction: FNL Distance: 1150 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:  
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 1332 feet. Direction: FNL Dist.: 63 feet. Direction: FWL  
Sec: 26 Twp: 3N Rng: 64W  
\*\* If directional footage at Bottom Hole Dist.: 1331 feet. Direction: FNL Dist.: 63 feet. Direction: FWL  
Sec: 26 Twp: 3N Rng: 64W

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

12. Spud Date: (when the 1st bit hit the dirt) 09/22/2011 13. Date TD: 09/25/2011 14. Date Casing Set or D&A: 09/26/2011

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

16. Total Depth MD 7294 TVD\*\* 7154 17 Plug Back Total Depth MD 7255 TVD\*\* 7114

18. Elevations GR 4855 KB 4869  
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	718	510	0	718	VISU
1ST	7+7/8	4+1/2	11.6	0	7,290	930	0	7,290	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,860		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,111		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,134		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As-built to follow

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: 12/30/2011 Email: jglossa@petd.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400236755	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400236754	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400236751	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400236752	IND-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400236753	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)