

**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:

400260391

Date Received:

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 05-123-20390-00

6. County: WELD

7. Well Name: SKURICH/SLW RANCH

Well Number: 7A

8. Location: QtrQtr: NWSE Section: 7 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1423 feet Direction: FSL Distance: 1338 feet Direction: FEL

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.: 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/08/2002 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 6950 TVD** 17 Plug Back Total Depth MD 6879 TVD**

18. Elevations GR 4670 KB 4680

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
SURF	12+1/4	8+5/8	24	0	381	270	0	381	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/23/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	3,287	738	0	3,294

Details of work:

Casing repair and Remedial cementing

TIH circulate to 6854'. TIH and set RBP @6630', pressure test casing to 2000 psi, would not pressure-up, isolate casing leak @ 2630'. Cut casing @ 3294, TOO. TIH w/ Casing patch and new 4 1/2" casing, wash over casing stub, test patch to 1500#, test good. TIH with 1 1/4" annular workstring to string to 3287', pump 400 sks 13.0# Varicem, pulled EOT to 2378', pumped 338 sks 12.0# Varicem, circulate 8.5 bbl to surface.

Run CBL from 3450 to surface

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400260393	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400260392	LAS-CBL 3RD RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)