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Document Number:
400260391

Date Received:
03/12/2012

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: 40.409780 As Drilled Longitude: -104.475000

GPS Data:
 Date of Measurement: 06/03/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: HOLLY L. TRACEY

** 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, TOOH. 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: 3/12/2012 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
400260391	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400260392	LAS-CBL 3RD RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)