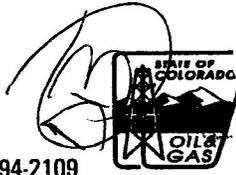


State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

COGCC

BR JR

| | |
|---|--|
| 1. OGCC Operator Number: <u>69179</u> | 4. Contact Name and Telephone <u>ERIK STEARNS</u> |
| 2. Name of Operator: <u>PETROLEUM DEV. CORP.</u> | No: <u>304-842-6256</u> |
| 3. Address: <u>P.O. Box 26</u> | Fax: <u>304-842-0913</u> |
| City: <u>BRIDGEWAT</u> State: <u>WV</u> Zip: <u>26330</u> | |

Complete the Attachment Checklist
Oper OGCC

| | |
|---|---|
| 5. API Number: <u>05-123-19882-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>MUSEA</u> | Well Number: <u>25-42</u> |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SENE, 25, 34, 65W, 6TH</u> | |
| Footage at Surface: <u>60DFEL, 1980 ENC</u> | 9. Was a directional survey run? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| If directional, footage at Top of Prod. Zone: _____ | |
| If directional, footage at Bottom Hole: _____ | |
| 10. Field Name: <u>WATTENBERG</u> | Field Number: <u>90750</u> |
| 11. Federal, Indian or State Lease Number: _____ | |
| 12. Spud Date: <u>12/24/99</u> | 13. Date TD: <u>12/29/99</u> |
| 14. Date Completed or D&A: <u>1/21/00</u> | |
| 16. Total Depth MD <u>7229</u> TVD <u>7229</u> | 17. Plug Back Total MD <u>7173</u> TVD <u>7173</u> |
| 18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ** One copy of all electric and mud logs must be submitted. | 19. Elevations GR <u>4788</u> KB <u>4798</u> |
| 20. List Electric Logs Run: <u>INDUCTION, DENSITY, NEUTRON, GR</u> <u>CBL</u> | |

| | |
|----------------------------|--|
| Survey Plat | |
| Directional Survey | |
| Surface Equipment Diagram | |
| Technical Information Page | |
| Other | |

15. Well Classification

Dry Oil Gas

Coalbed

Stratigraphic Disposal

Enhanced Recovery

Gas Storage Observation

Other: _____

21. CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented.

| String | Hole Size | Csg/Liner Size | Csg/Liner Wt (Lbs.) | Csg/Liner Top | Csg/Tool Setting Depth | No. of Sacks | Cement Interval | | Identify Method | |
|----------------|---------------|----------------|---------------------|---------------|------------------------|--------------|-----------------|-------------|-------------------------------------|-------------------------------------|
| | | | | | | | Top | Bottom | CBL | Calc |
| <u>SURFACE</u> | <u>12 1/4</u> | <u>8.518</u> | <u>24</u> | <u>0</u> | <u>706</u> | <u>490</u> | <u>0</u> | <u>706</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <u>PROD</u> | <u>7 7/8</u> | <u>4.112</u> | <u>11.6</u> | <u>0</u> | <u>7173</u> | <u>150</u> | <u>6116</u> | <u>7173</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Stage Cement | | | | | | | | | | |
| <u>PROD</u> | <u>7 7/8</u> | <u>4.112</u> | <u>11.6</u> | <u>0</u> | <u>4727</u> | <u>150</u> | <u>4050</u> | <u>4727</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Stage Cement | | | | | | | | | | |
| | <u>1</u> | <u>1</u> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage Cement | | | | | | | | | | |
| | <u>1</u> | <u>1</u> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>1</u> | <u>1</u> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

*can't verify cement steps
CBL not submitted
JR
3/16/00
Revd JR 5/1/00*

22. FORMATION LOG INTERVALS and TEST ZONES

| Formation | Measured Depth | | Check if applies | | Comments |
|-----------------|----------------|-------------|--------------------------|--------------------------|----------|
| | Top | Bottom | DST | Cored | |
| <u>COPELL</u> | <u>7030</u> | <u>7044</u> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>NIUBARRA</u> | <u>6852</u> | <u>6944</u> | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

*** All DST and Core analysis must be submitted to COGCC.***

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete..

Print Name: ERIK B. STEARNS

Signed: *ERIK STEARNS* Title: V.P. Date: 2/21/00