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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).

1. OGCC Operator Number: <u>69175</u>	4. Contact Name and Telephone <u>ERIC STERANS</u>
2. Name of Operator: <u>PETROLEUM DEV. CORP.</u>	No: <u>364-842-6256</u>
3. Address: <u>P.O. Box 26</u>	Fax: <u>364-842-0913</u>
City: <u>BRIDGEPORT</u> State: <u>WV</u> Zip: <u>26330</u>	

Complete the Attachment Checklist

5. API Number: 05-123-19882-00 6. County: WELD

7. Well Name: MUSEA Well Number: 25-42

8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE, 25, 34, 65N, 67W

Footage at Surface: 600 FEET, 1980 FNL 9. Was a directional survey run? ☐ Y ☒ N

If directional, footage at Top of Prod. Zone: _____

If directional, footage at Bottom Hole: _____

10. Field Name: WATTENBERG Field Number: 90750

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>
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16. Total Depth MD <u>7229</u> TVD <u>7229</u>	17. Plug Back Total MD <u>7173</u> TVD <u>7173</u>
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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>
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20. List Electric Logs Run: INDUCTION, DENSITY, NEUTRON, GR CBL

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: _____

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
SURFACE	12 1/4	8 5/8	24	0	706	490	0	706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROD	7 7/8	4 1/2	11.6	0	7173	150	6116	7173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
PROD	7 7/8	4 1/2	11.6	0	4727	150	4050	4727	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
	1	1					can't verify cement tops		<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
	1	1					CBL not submitted		<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
	1	1					Revd TR 3116/00		<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
	1	1					Revd TR 5116/00		<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

FORMATION LOG INTERVALS and TEST ZONES

[illegible]

I hereby certify that the statements made in this form are, to the best of my knowledge,

Print Name: ERIK B. STEFANS

Signed: [Signature] Title: V.P.

e, true, correct, and complete...

Date: 7/21/00