



State of Colorado
Oil and Gas Conservation Commission

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



RECEIVED
FOR OGCC USE ONLY
JUN 13 05
COGCC

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: 72085
 2. Name of Operator: Petro-Canada Resources (USA) Inc.
 3. Address: 1099 18th St., Suite 400
 City: Denver State: CO Zip: 80202
 4. Contact Name and Telephone
Susan Miller
 No: 303/350-1212
 Fax: 303/297-7708
 5. API Number: 05-123-22743-00 6. County: Weld
 7. Well Name: DUNBAR Well Number: 18-33
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Section 18, T6N, R66W, 6th P.M.
 Footage at Surface: _____ 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 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: _____
 12. Spud Date 4/11/2005 13. Date TD 4/14/2005 14. Date Completed or D&A

 16. Total Depth MD 7345' TVD _____ 17. Plug Back Total MD 7329' TVD _____
 18. Was a Mud Log Run? Yes No
**** One copy of all electric and mud logs must be submitted.**** 19. Elevations GR 4834' KB _____
 20. List Electric Logs Run: _____

Complete the Attachment Checklist
Oper OGCC

Survey Plat		
Directional Survey	<input checked="" type="checkbox"/>	
Surface Equipment		
Technical Info Page		
Other Chron Rpt	<input checked="" type="checkbox"/>	
Logs	<input checked="" type="checkbox"/>	
15 Well Classification		
<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Gas
<input type="checkbox"/> Coalbed		
<input type="checkbox"/> Stratigraphic	<input type="checkbox"/> Disposal	
<input type="checkbox"/> Enhanced Recovery		
<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Observation	
<input type="checkbox"/> 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	
Surface	12-1/4"	8-5/8"	24#	Surface	801' 813	560	Surface	801' 813	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Production	7-7/8"	4-1/2"	11.6#	Surface	7345'	160 (tail)	6400'	7345'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stage Cement										<input type="checkbox"/>	<input type="checkbox"/>
Premium lite plus cement w/ additives mixed @ 10.5 ppg for a yield of 4.08							140 (3rd lead)	4600'	6400'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement										<input type="checkbox"/>	<input type="checkbox"/>
Premium lite cement w/ additives mixed @ 13.4 ppg for a yield of 1.59							90 (2nd lead)	3800'	4600'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement										<input type="checkbox"/>	<input type="checkbox"/>
Premium lite plus cement w/ additives mixed @ 10.5 ppg for a yield of 4.08							60 (1st lead)	3260'	3800'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							3134		<input type="checkbox"/>	<input type="checkbox"/>	

22. **FORMATION LOG INTERVALS and TEST ZONES**

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

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Parkman	3560	3909	<input type="checkbox"/>	<input type="checkbox"/>	
Sussex	4286	4378	<input type="checkbox"/>	<input type="checkbox"/>	
Shannon	4702	4755	<input type="checkbox"/>	<input type="checkbox"/>	
Niobrara	6860	7137	<input type="checkbox"/>	<input type="checkbox"/>	
Codell	7190	7212	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Print Name: Susan Miller Signed: _____
 Title: Operations Tech Date: 6/10/2005