


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400163751	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-123-32320-00		6. County: WELD					
7. Well Name: Anderson		Well Number: 2AD					
8. Location: QtrQtr: SENW Section: 2 Township: 6N Range: 66W Meridian: 6							
Footage at surface: Distance: 2424 feet Direction: FNL Distance: 1639 feet Direction: FWL							
As Drilled Latitude: 40.517640	As Drilled Longitude: -104.749060						
GPS Data:							
Data of Measurement: 02/26/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Holly L Tracy							
** If directional footage at Top of Prod. Zone Dist.: 1260 feet. Direction: FNL Dist.: 1230 feet. Direction: FWL							
Sec: 2 Twp: 6N Rng: 66W							
** If directional footage at Bottom Hole Dist.: 1260 feet. Direction: FNL Dist.: 1228 feet. Direction: FWL							
Sec: 2 Twp: 6N Rng: 66W							
9. Field Name: EATON		10. Field Number: 19350					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 12/25/2010 13. Date TD: 12/29/2011 14. Date Casing Set or D&A: 12/31/2011							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 7706 TVD** 7517		17 Plug Back Total Depth MD 7639 TVD** 7452					
18. Elevations GR 4875 KB 4885		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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	690	490	0	690	CALC
1ST	7+7/8	4+1/2	11.6	0	7,706	1,095	450	7,706	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
SHANNON	3,978		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,209		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,497		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,518		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No open hole logs run in this wellbore, sussex top can not be reasonably picked using CBL-GR

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: 5/11/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400163752	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400163753	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400163751	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	e-mailed Jeff Glossa requesting paper CBL and any DIL, if available.	7/11/2011 7:57:01 AM

Total: 1 comment(s)