

KCC  
Munt  
H/10/08

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 33325  
Name: Petroleum Development Corporation  
Address: 120 Genesis Blvd., Charles Pointe, PO Box 26  
City/State/Zip: Bridgeport WV 26330  
Purchaser: N/A  
Operator Contact Person: Larry Robbins  
Phone: (303) 860-5800  
Contractor: Name: Schaaf Drilling, Co. LLC & Advanced Drilling Technologies, LLC  
License: 33775 & 33532  
Wellsite Geologist: N/A

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) \_\_\_\_\_ Docket No. \_\_\_\_\_

<u>04/02/2008</u>	<u>04/03/2008</u>	<u>04/28/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-21013-0000  
County: Cheyenne  
SE SE NW Sec. 15 Twp. 5 S. R. 39  East  West  
2304 feet from S  (circle one) Line of Section  
2260 feet from E  (circle one) Line of Section

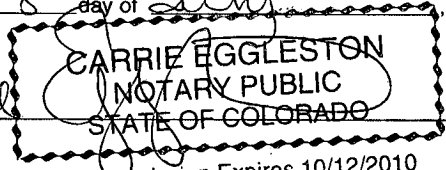
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE  (NW) SW  
Lease Name: Schield Well #: 22-15  
Field Name: Cherry Creek Niobrara Gas Area  
Producing Formation: Niobrara  
Elevation: Ground: 3550' Kelly Bushing: 3562'  
Total Depth: 1505' Plug Back Total Depth: 1466'  
Amount of Surface Pipe Set and Cemented at 9 joints @ 358 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to Alt I - Dg - 7/10/08 \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content 5000 ppm Fluid volume 50 bbls  
Dewatering method used Evaporation  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]  
Title: Regulatory Agent Date: July 08, 2008  
Subscribed and sworn to before me this 8th day of July  
20 08  
Notary Public: [Signature]  
Date Commission Expires: \_\_\_\_\_  
My Commission Expires 10/12/2010



**KCC Office Use ONLY**

N Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

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**JUL 09 2008**

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Petroleum Development Corporation Lease Name: Schild Well #: 22-15  
 Sec. 15 Twp. 5 S. R. 39  East  West County: Cheyenne

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>CDL, CNL, Dual Induction, CBL</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Niobrara 1282'
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WICHITA, KS

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	11"	7"	17#/ft	358'	Type I/II	107	
Production	6 1/8"	4 1/2"	10.5 #/ft	1487'	Type I/II	160	2% KCL

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	1292'-1304'	500 gal 7.5% HCL, 70 Quality N2 foam, 344 bbls Mav-100 25# fluid system, 96200 lbs of Daniels 16/30 mesh sand 3800 lbs of Ceramax 16/30 resin coated sand	1292'-1304'
		380 MSCF N2	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <b>Production Pending</b>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas                      METHOD OF COMPLETION                      Production Interval

Vented    Sold    Used on Lease    Open Hole    Perf.    Dually Comp.    Commingled  
*(If vented, Submit ACO-18.)*                       Other (Specify) \_\_\_\_\_

SCHAAL DRILLING, CO.  
PO BOX 416  
BURLINGTON, CO. 80807  
719-346-8032

FIELD REPORT  
SURFACE CASING, DRILLING AND CEMENTING

DRILLING DATE 4-02-08

WELL NAME & LEASE # Schield 22-15

MOVE IN, RIG UP, DIG PITS ETC. DATE 4-01-08 TIME 12:30 AM PM

SPUD TIME 7:30 AM PM SHALE DEPTH 330 TIME 9:30 AM PM

HOLE DIA. 11 FROM 0 TO 388 TD TIME 10:15 AM PM

CIRCULATE, T.O.O.H., SET 384.70 FT CASING 397.70 KB FT DEPTH

10 JOINTS 7 OD #/FT 14 15.5 17 20 23

PUMP 107 SAC CEMENT 634 GAL.DISP. CIRC. 3 BBL TO PIT

PLUG DOWN TIME 12:15 AM PM DATE 4-02-08

CEMENT LEFT IN CSG. 20 FT  
CENTRALIZER 1

TYPE: PORTLAND CEMENT I/II ASTM C 150  
CEMENT COST \$ 2075.72

ELEVATION 3550  
+12KB 3562

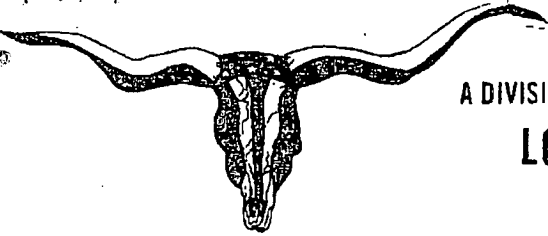
PIPE TALLY

1. 34.90  
2. 39.30  
3. 39.10  
4. 38.90  
5. 39.00  
6. 38.90  
7. 39.20  
8. 39.00  
9. 38.20  
10. 38.20  
11.  
12.  
13.  
14.  
15.  
TOTAL 384.70

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WICHITA, KS



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

**LONGHORN CEMENTING CO.**

P.O. BOX 203 YUMA, COLORADO 80759  
 Phone: 970-848-0799 Fax: 970-848-0798

**FIELD SERVICE TICKET  
 AND INVOICE**

DATE 4/13/08 TICKET NO. 1545

DATE OF JOB <u>4/03/08</u>	DISTRICT	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:
CUSTOMER <u>PDC</u>	LEASE <u>Schild 22-15</u>	WELL NO.					
ADDRESS	COUNTY	STATE					
CITY	STATE	SERVICE CREW <u>Tom &amp; Damon</u>					
AUTHORIZED BY	EQUIPMENT <u>Pump #1</u>						
TYPE JOB: <u>L/S</u>	DEPTH FT.	CEMENT DATA: BULK <input type="checkbox"/>	SAND DATA: SACKS <input type="checkbox"/>	TRUCK CALLED <u>111</u>			DATE AM PM
SIZE HOLE:	DEPTH FT.	SACKS	BRAND	TYPE	% GEL	ADMIXES	ARRIVED AT JOB
SIZE & WT. CASTING	DEPTH FT.	<u>160</u>	<u>A</u>	<u>31</u>			START OPERATION
SIZE & WT. D PIPE OR TUBING	DEPTH FT.						FINISH OPERATION
TOP PLUGS	TYPE:	WEIGHT OF SLURRY: <u>15</u>	LBS. / GAL.	LBS. / GAL.			RELEASED
<u>TD 1505</u>		VOLUME OF SLURRY <u>38</u>					MILES FROM STATION TO WELL
<u>PBD</u>	MAX DEPTH <u>1477</u> FT.	<u>160</u> SACKS CEMENT TREATED WITH <u>2</u> % OF <u>KCC</u>	MAX PRESSURE	P.S.I.			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).  
 The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent of an officer of Advanced Drilling Technologies, LLC.

SIGNED: \_\_\_\_\_  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF. NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
001-2	Depth Charge/Cement/mileage				4200 00
300-12	7" CENTRALIZER				36 44
400-7	cal				50 00
400-4	KCC				40 00
					1487 50
	+ 8.5 SKS cement				
	20 BBI Mud Plug				
	Mix & pump 140 SKS cement				
	Displace 23'4 BBI #20				
	Set plug @ 2000 psi				

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ACID DATA:			
	GALLONS	%	ADDITIVES
HCL			
HCL			

SUB TOTAL		
SERVICE & EQUIPMENT	% TAX ON \$	
MATERIALS	% TAX ON \$	
TOTAL		5835 00

SERVICE REPRESENTATIVE: \_\_\_\_\_ THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
 FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

Thanks  
 [Signature]