

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



DE	ET	OE	ES
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Document Number:  
400229618

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  Final completion  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 05-045-14361-00 6. County: GARFIELD  
 7. Well Name: Puckett Well Number: 44B-7D  
 8. Location: QtrQtr: SWSE Section: 7 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 885 feet Direction: FSL Distance: 2159 feet Direction: FEL  
 As Drilled Latitude: 39.447000 As Drilled Longitude: -108.148250

GPS Data:  
Date of Measurement: 11/26/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: Holly L. Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 807 feet. Direction: FSL Dist.: 655 feet. Direction: FEL  
 Sec: 7 Twp: 6S Rng: 97W  
 \*\* If directional footage at Bottom Hole Dist.: 781 feet. Direction: FSL Dist.: 663 feet. Direction: FEL  
 Sec: 7 Twp: 6S Rng: 97W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 07/11/2011 13. Date TD: 07/20/2011 14. Date Casing Set or D&A: 07/21/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8980 TVD\*\* 8760 17 Plug Back Total Depth MD 8908 TVD\*\* 8760

18. Elevations GR 8360 KB 8384  
 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:  
PND-S CASSED HOLE TRIPLE COMBO, CBL/GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	20		0	100	100	0	100	CBL
SURF	17+1/2	9+5/8	36	0	2,194	1,821	0	2,194	VISU
1ST	8+3/4	4+1/2	11.6	0	8,941	900	2,300	8,941	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

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

Details of work:

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	
WASATCH G	4,238		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,694		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,812		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,293		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,713		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: \_\_\_\_\_

Email: jglossa@petd.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400229632	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400229631	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400229626	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400229629	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)