

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

Document Number:

400237508

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 05-045-14360-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 34A-7D
 8. Location: QtrQtr: SWSE Section: 7 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 892 feet Direction: FSL Distance: 2146 feet Direction: FEL
 As Drilled Latitude: 39.447030 As Drilled Longitude: -108.148140

GPS Data:

Data 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.: 1235 feet. Direction: FSL Dist.: 1931 feet. Direction: FEL

Sec: 7 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1222 feet. Direction: FSL Dist.: 1937 feet. Direction: FEL

Sec: 7 Twp: 7S Rng: 96W

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) 06/30/2011 13. Date TD: 07/09/2011 14. Date Casing Set or D&A: 07/10/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8740 TVD** 8725 17 Plug Back Total Depth MD 8599 TVD** 8584

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:

PNDL/GR, CBL/GR, CHTC

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 | CALC |
| SURF | 16 | 9+5/8 | 36 | 0 | 2,326 | 1,650 | 0 | 2,326 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 8,644 | 900 | 2,100 | 8,644 | 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 | 4,072 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 4,504 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 5,621 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,516 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,137 | | <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: jpglossa@petd.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400237750 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400237753 | 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"/> |
| 400237756 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400237516 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400237519 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)