

FORM  
5Rev  
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&amp;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: jglossa@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 GroupCommentComment Date

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Total: 0 comment(s)