

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:

400229634

## 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 05-045-14358-00

6. County: GARFIELD

7. Well Name: Puckett

Well Number: 44D-7D

8. Location: QtrQtr: SWSE Section: 7 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 878 feet Direction: FSL Distance: 2172 feet Direction: FEL

As Drilled Latitude: 39.447000 As Drilled Longitude: -108.148250

## 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.: 229 feet. Direction: FSL Dist.: 648 feet. Direction: FWL

Sec: 7 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 181 feet. Direction: FSL Dist.: 678 feet. Direction: FWL

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) 07/22/2011 13. Date TD: 08/01/2011 14. Date Casing Set or D&amp;A: 08/02/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8996 TVD\*\* 8737 17 Plug Back Total Depth MD 8803 TVD\*\* 8539

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, PND-S CASED HOLE TRIPLE COMBO, CBL/GR  
Mud

## 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     | VISU   |
| SURF        | 17+1/2       | 9+5/8          | 36    | 0             | 2,198         | 1,511     | 0       | 2,198   | VISU   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 8,917         | 900       | 5,180   | 8,917   | 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      | 4,248          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT UNION     | 4,713          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| WILLIAMS FORK  | 5,900          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CAMEO          | 8,267          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 8,723          |        | <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: 1/5/2012 Email: jglossa@petd.com

**Attachment Check List**

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 2089557                     | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 2089555                     | 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"/> |
| <u>Other Attachments</u>    |                        |            |                                     |    |                                     |
| 400229634                   | FORM 5 SUBMITTED       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400229636                   | LAS-CEMENT BOND        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400229639                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400229640                   | LAS-MUD                | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400229641                   | LAS-PULSED NEUTRON     | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400247011                   | DIRECTIONAL DATA       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400247470                   | DIRECTIONAL DATA       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>   | <b><u>Comment Date</u></b> |
|--------------------------|---|----------------------------|
| Permit                   | All required attachments have been attached   | 1/31/2012<br>3:11:46 PM    |
| Permit                   | Missing directional template<br>Directional survey listing is 2 files in a portfolio<br>No cement ticket attached<br>Attached corrected directional survey and imported template<br>Directional plan is from the wrong well | 1/30/2012<br>2:24:29 PM    |

Total: 2 comment(s)