

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:

400247715

Date Received:

## 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: 68710

4. Contact Name: CLAYTON DOKE

2. Name of Operator: PETERSON ENERGY OPERATING INC

Phone: (970) 669-7411

3. Address: 2154 W EISENHOWER BLVD

Fax: (970) 669-4077

City: LOVELAND State: CO Zip: 80537

5. API Number 05-123-34000-00

6. County: WELD

7. Well Name: 392 VENTURES

Well Number: 22CD

8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 1543 feet Direction: FNL Distance: 2405 feet Direction: FWL

As Drilled Latitude: 40.475457 As Drilled Longitude: -104.880435

## GPS Data:

Data of Measurement: 02/09/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: B. BIRCH

\*\* If directional footage at Top of Prod. Zone Dist.: 1290 feet. Direction: FNL Dist.: 1309 feet. Direction: FEL

Sec: 22 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 1290 feet. Direction: FNL Dist.: 1311 feet. Direction: FEL

Sec: 22 Twp: 6N Rng: 67W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/22/2011 13. Date TD: 11/26/2011 14. Date Casing Set or D&amp;A: 11/28/2011

## 15. Well Classification:

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

16. Total Depth MD 7585 TVD\*\* 7337 17 Plug Back Total Depth MD 7555 TVD\*\* 7307

18. Elevations GR 4783 KB 4799

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:

Density, Neutron, Induction, CBL

## 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
SURF	12+1/4	8+5/8	24	0	457	227	0	457	VISU
1ST	7+7/8	4+1/2	11.6	0	7,573	697	1,060	7,573	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,098		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,390		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,412		<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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: \_\_\_\_\_ Email: cdoek@petersonenergy.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?
<b><u>Attachment Checklist</u></b>		
400271321	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400267287	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><u>Other Attachments</u></b>		
400267285	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400267288	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400267289	PDF-CEMENT BOND	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>

Total: 0 comment(s)