

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400247718

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 05-123-34139-00

6. County: WELD

7. Well Name: 392 VENTURES

Well Number: 22ND

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

Footage at surface: Distance: 1532 feet Direction: FNL Distance: 2375 feet Direction: FWL

As Drilled Latitude: 40.475485 As Drilled Longitude: -104.880540

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.: 1330 feet. Direction: FNL Dist.: 2641 feet. Direction: FEL

Sec: 22 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1350 feet. Direction: FNL Dist.: 2664 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) 12/06/2011 13. Date TD: 12/11/2011 14. Date Casing Set or D&A: 12/12/2011

15. Well Classification:

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

16. Total Depth MD 7425 TVD** 7396 17 Plug Back Total Depth MD 7390 TVD** 7361

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	456	245	0	456	VISU
1ST	7+7/8	4+1/2	11.6	0	7,406	745	1,708	7,406	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	
NIOBRARA	6,942		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,178		<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: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400272629	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400267273	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>		
400267272	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400267275	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400267277	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)