

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



DE ET OE ES

Document Number:

1618777

Date Received:

08/13/2008

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: LARRY ROBBINS

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

Phone: (303) 860-5822

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-045-15018-00

6. County: GARFIELD

7. Well Name: PUCKETT

Well Number: 33A-25D

8. Location: QtrQtr: NWSE Section: 25 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 1863 feet Direction: FSL Distance: 1954 feet Direction: FEL

As Drilled Latitude: 39.491860 As Drilled Longitude: -108.166280

GPS Data:

Data of Measurement: 05/21/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: HOLLY L TRACY

** If directional footage at Top of Prod. Zone Dist.: 2459 feet. Direction: FSL Dist.: 2277 feet. Direction: FEL

Sec: 25 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2450 feet. Direction: FSL Dist.: 2309 feet. Direction: FEL

Sec: 25 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) 12/18/2007 13. Date TD: 01/03/2008 14. Date Casing Set or D&A: 01/04/2008

15. Well Classification:

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

16. Total Depth MD 9010 TVD** 8975 17 Plug Back Total Depth MD 8976 TVD** 8941

18. Elevations GR 8224 KB 8242

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; MUDLOG

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	17+1/2	9+5/8		0	2,470	1,000	0	2,470	CALC
1ST	8+3/4	4+1/2		0	8,937	1,000	3,890	8,937	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	4,358		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,677		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,778		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,375		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,820		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE HOLE DRILLED TO 690', DETERMINED WELLBORE TOO CLOSE TO EXISTING OFFSET WELL. PLUGBACK FROM 690' TO 141' WITH 232 SX. KICKED OFF PLUG AT 230' TO SIDETRACK.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y _____

Print Name: LARRY ROBBINS _____

Title: REGULATORY AGENT

Date: 8/13/2008

Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1825325	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)