

FORM  
5

Rev  
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:

05/14/2012

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/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	
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: 5/14/2012 Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400272629	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1698931	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>Other Attachments</b>			
400247718	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267272	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267275	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

User Group	Comment	Comment Date
Permit	Attached directional survey.	8/23/2012 10:13:42 AM
Permit	On Hold. Requested corrected directional survey.	7/31/2012 2:10:11 PM

Total: 2 comment(s)