

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:

1884555

Date Received:

05/30/2008

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: (304) 842-3597

3. Address: PO BOX 26 ATTN: GARY FRI

Fax: (304) 808-0913

City: BRIDGEPORT State: WV Zip: 26330

5. API Number 05-045-14115-00

6. County: GARFIELD

7. Well Name: PUCKETT

Well Number: 11B-18D

8. Location: QtrQtr: NWNW Section: 18 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 652 feet Direction: FNL Distance: 625 feet Direction: FWL

As Drilled Latitude: 39.442780 As Drilled Longitude: -108.156970

GPS Data:

Data of Measurement: 05/21/2008 PDOP Reading: 3.4 GPS Instrument Operator's Name: HOLLY TRACY

** If directional footage at Top of Prod. Zone Dist.: 448 feet. Direction: FNL Dist.: 658 feet. Direction: FWL

Sec: 18 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 468 feet. Direction: FNL Dist.: 655 feet. Direction: FWL

Sec: 18 Twp: 7S Rng: 96W

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) 06/16/2007 13. Date TD: 07/01/2007 14. Date Casing Set or D&A: 07/05/2007

15. Well Classification:

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

16. Total Depth MD 8840 TVD** 8835 17 Plug Back Total Depth MD 8653 TVD** 8648

18. Elevations GR 8626 KB 8640

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	
SURF	17+1/2	9+5/8		0	2,709	875	0	2,709	
1ST	8+3/4	4+1/2		0	8,700	650	6,200	8,700	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	4,367		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,640		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,797		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,225		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,655		<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: Y _____

Print Name: LARRY ROBBINS _____

Title: REGULATORY AGENT

Date: 5/30/2008

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"/>
1773119	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)