

FORM
5
Rev
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



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Document Number:

400172291

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: Jeff Glossa
 2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 831-3972
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
 City: DENVER State: CO Zip: 80203

5. API Number 05-045-16108-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 21B-24D
 8. Location: QtrQtr: NWNW Section: 24 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 891 feet Direction: FNL Distance: 1154 feet Direction: FWL
 As Drilled Latitude: 39.513250 As Drilled Longitude: -108.174060

GPS Data:

Data of Measurement: 06/10/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: Holly L. Tracy

** If directional footage

at Top of Prod. Zone Distance: 420 feet Direction: FNL Distance: 1981 feet Direction: FWL
 Sec: 24 Twp: 6S Rng: 97W
 at Bottom Hole Distance: 456 feet Direction: FNL Distance: 1912 feet Direction: FWL
 Sec: 24 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) 09/13/2010 13. Date TD: 11/11/2010 14. Date Casing Set or D&A: 11/12/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9344 TVD 9266 17 Plug Back Total Depth MD 9301 TVD 9223

18. Elevations GR 8391 KB 8405

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

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	16	9+5/8	36	0	2,595	2,510	0	2,595	CALC
1ST	8+3/4	4+1/2	11.6	0	9,333	900	2,700	9,333	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,588		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,969		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,239		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,733		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,165		<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: Jeff Glossa

Title: Sr Engineering Tech Date: _____ Email: jglossa@petd.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400172319	DIRECTIONAL SURVEY
400172321	DIRECTIONAL SURVEY
400172322	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)