

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



DE ET OE ES

Document Number:

400172213

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

5. API Number 05-045-16106-00  
6. County: GARFIELD  
7. Well Name: Puckett Well Number: 11B-24D  
8. Location: QtrQtr: NWNW Section: 24 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 861 feet Direction: FNL Distance: 1158 feet Direction: FWL  
As Drilled Latitude: 39.513330 As Drilled Longitude: -108.174000

GPS Data:

Data of Measurement: 06/10/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Holly L. Tracy

\*\* If directional footage at Top of Prod. Zone Dist.: 396 feet. Direction: FNL Dist.: 688 feet. Direction: FWL  
Sec: 24 Twp: 6S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 437 feet. Direction: FNL Dist.: 626 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) 09/20/2010 13. Date TD: 11/29/2010 14. Date Casing Set or D&A: 12/01/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9245 TVD\*\* 9208 17 Plug Back Total Depth MD 9178 TVD\*\* 9141

18. Elevations GR 8383 KB 8407

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	2,629	1,664	0	2,629	CALC
1ST	8+3/4	4+1/2	11.6	0	9,227	1,038	2,620	9,227	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	4,402		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,896		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,140		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,640		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,052		<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: 6/16/2011 Email: jglossa@petd.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400172218	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400172219	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"/>
<b>Other Attachments</b>			
400172213	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)