

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:
400247726

Date Received:

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 05-123-34006-00 6. County: WELD
 7. Well Name: 392 VENTURES Well Number: 31-22D
 8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1521 feet Direction: FNL Distance: 2344 feet Direction: FWL
 As Drilled Latitude: 40.475515 As Drilled Longitude: -104.880649

GPS Data:
 Date of Measurement: 02/09/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: B. BIRCH

** If directional footage at Top of Prod. Zone Dist.: 657 feet. Direction: FNL Dist.: 1949 feet. Direction: FEL
 Sec: 22 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 663 feet. Direction: FNL Dist.: 1949 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) 12/13/2011 13. Date TD: 12/18/2011 14. Date Casing Set or D&A: 12/19/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7525 TVD** 7357 17 Plug Back Total Depth MD 7495 TVD** 7327

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	458	245	0	458	VISU
1ST	7+7/8	4+1/2	11.6	0	7,512	756	660	7,512	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	7,018		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,338		<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: _____ Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400271330	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400267361	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"/>
Other Attachments			
400267353	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267357	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267362	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)