

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:
2287831

Date Received:
03/07/2012

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: 69760 4. Contact Name: JIM WALKER
2. Name of Operator: PETRON DEVELOPMENT COMPANY Phone: (303) 794-5356
3. Address: 1899 W LITTLETON BLVD Fax: _____
City: LITTLETON State: CO Zip: 80120

5. API Number 05-125-12061-00 6. County: YUMA
7. Well Name: Ward Well Number: 2-17
8. Location: QtrQtr: SESW Section: 17 Township: 3N Range: 46W Meridian: 6
Footage at surface: Distance: 518 feet Direction: FSL Distance: 2117 feet Direction: FWL
As Drilled Latitude: 40.222470 As Drilled Longitude: -102.539510

GPS Data:

Date of Measurement: 02/17/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: JIM WALKER

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: BUCKBOARD 10. Field Number: 7680

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2012 13. Date TD: 01/30/2012 14. Date Casing Set or D&A: 01/31/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2858 TVD** _____ 17 Plug Back Total Depth MD 2807 TVD** _____

18. Elevations GR 3939 KB 3945

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:

DUAL INDUCTION, COMPENSATED DENSITY/NEUTRON, CEMENT BOND

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	9+7/8	7		0	481	220	0	481	CALC
1ST	6+1/4	4+1/2		0	2,840	185	50	2,840	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	2,675	2,704	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2287833

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JIM WALKER

Title: SEC./TREAS Date: 2/28/2012 Email: JIM@PETRON.NET

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2287832	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<u>Other Attachments</u>			
2287831	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)