

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



DE ET OE ES

Document Number:

2287843

Date Received:

04/09/2012

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) 794-5300

3. Address: 1899 W LITTLETON BLVD

Fax: (303) 794-5356

City: LITTLETON State: CO Zip: 80120

5. API Number 05-125-12058-00

6. County: YUMA

7. Well Name: Ward

Well Number: 3-17

8. Location: QtrQtr: NESW Section: 17 Township: 3N Range: 46W Meridian: 6

Footage at surface: Distance: 1440 feet Direction: FSL Distance: 2125 feet Direction: FWL

As Drilled Latitude: 40.225000 As Drilled Longitude: -102.539520

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) 01/31/2012 13. Date TD: 02/01/2012 14. Date Casing Set or D&A: 02/02/2012

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 2770 TVD**

18. Elevations GR 3946 KB 3952

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 IND/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	488	220	0	488	CALC
1ST	6+1/4	4+1/2		0	2,830	219	50	2,830	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	2,678	2,710	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
FORM 5A DOC# 2287845	
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>					
2287844	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>					
2287843	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)