

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:

400247726

Date Received:

04/12/2012

## 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: 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:

Data 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&amp;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	1,380	7,512	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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:

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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: 4/12/2012 Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
400247726	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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)