

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:

1881899

Date Received:

04/01/2008

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 CORP
3. Address: 120 GENESIS BLVD.
City: BRIDGEPORT State: WV Zip: 26330
4. Contact Name: LARRY ROBBINS
Phone: (303) 860-5822
Fax: (303) 860-5838

5. API Number 05-045-14451-00
6. County: GARFIELD
7. Well Name: PUCKETT
Well Number: 31C-25D
8. Location: QtrQtr: NWNE Section: 25 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 458 feet Direction: FNL Distance: 2204 feet Direction: FEL
As Drilled Latitude: 39.500030 As Drilled Longitude: -108.167190

GPS Data:

Data of Measurement: 10/09/2007 PDOP Reading: 2.2 GPS Instrument Operator's Name: HOLLY L. TRACY

** If directional footage at Top of Prod. Zone Dist.: 693 feet. Direction: FNL Dist.: 2302 feet. Direction: FEL

Sec: 25 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 702 feet. Direction: FNL Dist.: 2355 feet. Direction: FEL

Sec: 25 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) 08/17/2007 13. Date TD: 08/29/2007 14. Date Casing Set or D&A: 08/30/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9143 TVD** 9133 17 Plug Back Total Depth MD 9084 TVD** 9074

18. Elevations GR 8301 KB 8319

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, MUD

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	17+1/2	9+5/8		0	2,663	1,000	0	2,663	CALC
1ST	8+3/4	4+1/2		0	9,124	1,000	3,570	9,124	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	
WASATCH G	4,452		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,768		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,043		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,453		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,941		<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: Y

Print Name: LARRY ROBBINS

Title: REG AGENT

Date: 3/28/2008

Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1825486	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"/>

General Comments

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

Total: 0 comment(s)