

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:

2071557

## COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 69175

4. Contact Name: LARRY ROBBINS

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

Phone: (303) 860-5822

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number            05-123-31478-00

6. County: WELD

7. Well Name: Bijou

Well Number: 14-19D U

8. Location: QtrQtr: SENW Section: 19 Township: 5N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA-CODELL                      Status: PRODUCING

Treatment Date:	06/29/2010	Date of First Production this formation:	07/14/2010
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Perforations	Top:	6854	Bottom:	7034	No. Holes:	28	Hole size:	34/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

NIOBRARA "B" 6854'-6862' (16 HOLES) AND CODELL 7028'-7034' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 918 BBLS SLICKWATER PAD, 716 BBLS PHASER 22# PAD, 2951 BBLS OF PHASER 22# FLUID SYSTEM, 335,160 LBS OF 30/50 WHITE SAND AND 16,000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	09/01/2010	Hours:	24	Bbls oil:	51	Mcf Gas:	206	Bbls H2O:	6
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Calculated 24 hour rate:	Bbls oil:	51	Mcf Gas:	206	Bbls H2O:	6	GOR:	4039
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Test Method: FLOWING	Casing PSI: 613	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1229	API Gravity Oil:	52
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 7018      Tbg setting date: 10/01/2010      Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment:

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

Signed: \_\_\_\_\_ Print Name: LARRY ROBBINS

Title: REGULATORY Date: 10/5/2010 Email: LROBBINS@PETD.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 1/4/2011

**Attachment Check List**

Att Doc Num	Name
2071557	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)