

FORM
5A

Rev
02/08

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:

400140890

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: Jeff Glossa
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-20062-00 6. County: WELD
7. Well Name: SLW RANCH Well Number: 41-7
8. Location: QtrQtr: NENE Section: 7 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>12/14/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6737</u> Bottom: <u>6745</u> No. Holes: <u>48</u> Hole size: _____	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Re-Perf Codell 6737'-6745' (24 new holes) Original perf 6738'-6746" (24 holes) Re-Frac'd Codell w/ 596 bbls of 26# pHaser pad, 1971 bbls of 26# pHaser, 217640 # 30/50 , 8000 ibs 20/40 SB Excel	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6560 Bottom: 6745 No. Holes: 76 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

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

Test Information:

Date: 02/01/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 3525 Bbls H2O: 14

Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 3525 Bbls H2O: 14 GOR: 6087

Test Method: Flowing Casing PSI: 1132 Tubing PSI: 543 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6722 Tbg setting date: 01/21/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/27/2010 Date of First Production this formation: _____

Perforations Top: 6560 Bottom: 6760 No. Holes: 28 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Perf Niobrara "A" 6562'-6564" (4holes), Niobrara "B" 6563'-6571' (24 holes)
Frac'd Niobrara W/ 24 bbls 15% HCL, 1548 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 2198 bbls 22# pHaser, 238160#
30/50, 12,000 20/40 SB Excel

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Jeff Glossa

Title: Sr Engineering Tech Date: _____ Email jglossa@petd.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	Wellbore Diagram	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400140900	CEMENT JOB SUMMARY	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)