

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:

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## 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            05-123-25600-00

6. County: WELD

7. Well Name: WELLS RANCH

Well Number: 13-20

8. Location: QtrQtr: NWSW Section: 20 Township: 6N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 02/16/2011

Date of First Production this formation: 01/24/2005

Perforations	Top:	6742	Bottom:	6754	No. Holes:	42	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole: 

Re-perf'd Codell 6742-50 (24 holes) Original perf 6746-54' (18 holes)  
Re-stimulate W/ 2573 bbls of Vistar 20# fluid system, 217040# 20/40 white sand, 8000# 20/40 SB Excel resin coated prop

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

**Test Information:**

Date:	03/31/2011	Hours:	24	Bbls oil:	31	Mcf Gas:	88	Bbls H2O:	22
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Calculated 24 hour rate:	Bbls oil:	31	Mcf Gas:	88	Bbls H2O:	22	GOR:	2839
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Test Method: Flowing	Casing PSI: 775	Tubing PSI: 350	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1313	API Gravity Oil:	45
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 6728      Tbg setting date: 03/09/2011      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: \_\_\_\_\_

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

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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)