

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:

400153589

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 05-123-25601-00 6. County: WELD
7. Well Name: WELLS RANCH Well Number: 24-20
8. Location: QtrQtr: SESW Section: 20 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/26/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6736</u>	Bottom: <u>6746</u>	No. Holes: <u>48</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Re-Perf Codell 6736-44 (24 new holes) Original perf 6738-46' (24 holes) Re-Frac'd Codell w/ 600 bbls of 26# pHaser pad, 1995 bbls of 26# pHaser, 217400# 20/40 , 8000 # 20/40 SB Excel</div>			
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: <div></div>			
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: 03/15/2011

Perforations Top: 6456 Bottom: 6746 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: 03/31/2011 Hours: 24 Bbls oil: 38 Mcf Gas: 125 Bbls H2O: 33

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 125 Bbls H2O: 33 GOR: 3301

Test Method: Flowing Casing PSI: 500 Tubing PSI: 450 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6721 Tbg setting date: 03/10/2011 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: 02/26/2011 Date of First Production this formation: _____

Perforations Top: 6456 Bottom: 6472 No. Holes: 28 Hole size: _____

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

Perf Niobrara "A" 6456'-58' (4 holes), Niobrara "B" 6564'-6472 (24 holes)
Frac'd Niobrara W/ , 1550 bbls of slickwater pad, 145 bbls of pHaser 20# pad, 2198 bbls 20# pHaser, 238100# 20/40, 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

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)