

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



DE ET OE ES

Document Number:  
400140908

**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 05-123-19931-00 6. County: WELD  
7. Well Name: MARCY Well Number: 31-32  
8. Location: QtrQtr: SWNE Section: 31 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/13/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6850 Bottom: 67606858 No. Holes: 56 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Re-Perf Codell 6850'-6858" (24 new holes) Original perf 6850'-6858' (32 holes)  
Re-Frac'd Codell w/ 596 bbls of 26# pHaser pad, 1944 bbls of 26# pHaser, 217810# 30/50 , 8000 ibs 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/27/2010 Date of First Production this formation: 01/14/2011

Perforations Top: 6560 Bottom: 6858 No. Holes: 84 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: 14 Mcf Gas: 108 Bbls H2O: 3

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 14 Mcf Gas: 108 Bbls H2O: 3 GOR: 7714

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 865 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6834 Tbg setting date: 01/05/2011 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" 6560'-6564" (8 holes), Niobrara "B" 6682'-6688' (12 holes) and Niobrara "C" 6756'-6760' (8 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: 3/9/2011 Email jglossa@petd.com  
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**Attachment Check List**

Att Doc Num	Name
400140908	FORM 5A SUBMITTED
400140918	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

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

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