

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:  
400161055

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

5. API Number 05-123-31970-00  
6. County: WELD  
7. Well Name: Leffler Well Number: 2XD  
8. Location: QtrQtr: SESE Section: 2 Township: 6N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/23/2011 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7382 Bottom: 7390 No. Holes: 24 Hole size: \_\_\_\_\_

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

Frac'd Codell with 476 bbl Slickwater Pad, 143 bbls of 22# pHaser pad, 1957 bbls 22# pHaser fluid system, 217740 lbs of 20/40 white sand and 8000 lbs of SB Excel 20/40 resin coated proppant.

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: 02/23/2011 Date of First Production this formation: 03/10/2011

Perforations Top: 7082 Bottom: 7390 No. Holes: 50 Hole size: \_\_\_\_\_

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

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This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/30/2011 Hours: 24 Bbls oil: 44 Mcf Gas: 103 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 44 Mcf Gas: 103 Bbls H2O: 0 GOR: 2341

Test Method: Flowing Casing PSI: 963 Tubing PSI: 696 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 03/09/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

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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: 02/23/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7082 Bottom: 7214 No. Holes: 28 Hole size: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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: 5/3/2011 Email jglossa@petd.com  
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### **Attachment Check List**

Att Doc Num	Name
400161055	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

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