

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:

400153201

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: _____
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
Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 88 Bbls H2O: 22 GOR: 2839
Test Method: Flowing Casing PSI: 775 Tubing PSI: 350 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1313 API Gravity Oil: 45
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: 4/13/2011 Email jglossa@petd.com
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Attachment Check List

Att Doc Num	Name
400153201	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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