

**FORM  
5A**Rev  
02/08State 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:

400165566

**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 05-123-32105-00 6. County: WELD  
7. Well Name: Schaefer Well Number: 7TD  
8. Location: QtrQtr: SESE Section: 7 Township: 6N Range: 66W Meridian: 6  
9. Field Name: ANTELOPE Field Code: 2600

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/01/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7359</u> Bottom: <u>7367</u>	No. Holes: <u>27</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd Codell with 478 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1972 bbls of pHaser 22# fluid system, 217040 lbs of 20/40 Preferd Rock and 8000 lbs of 20/40 SB Excel.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>05/12/2011</u>			
Perforations	Top: <u>7040</u>	Bottom: <u>7367</u>	No. Holes: <u>52</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>06/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>36</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>11</u>	
Calculated 24 hour rate:		Bbls oil: <u>36</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>11</u>	GOR: <u>1396</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1719</u>	Tubing PSI: <u>789</u>	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1518</u>	API Gravity Oil: <u>45</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7346</u>	Tbg setting date: <u>05/18/2011</u>	Packer Depth: _____		
Reason for Non-Production: _____					
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: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/01/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7040</u>	Bottom: <u>7182</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf'd Niobrara "A" 7040'-7042' (4 holes), Niobrara "B" 7174-7182' (24 holes) Frac'd Niobrara 119 bbl FE-1A pad, 1401 bbls Slickwater pad, 153 bbls 20# pHaser pad, 2193 bbls of pHaser 20# fluid system, 239640 lbs of 20/40, 12000 lbs 20/40 SB Excel.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment: _____
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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: 7/20/2011 Email jglossa@petd.com  
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### **Attachment Check List**

Att Doc Num	Name
400165566	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>

Total: 0 comment(s)