

FORM
5A

Rev
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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Document Number:
400190002

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 05-123-22232-00 6. County: WELD
 7. Well Name: WELLS RANCH Well Number: 23-33
 8. Location: QtrQtr: NESW Section: 33 Township: 6N Range: 63W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/06/2011 Date of First Production this formation: _____
 Perforations Top: 6800 Bottom: 6808 No. Holes: 36 Hole size: 13/32

Provide a brief summary of the formation treatment: _____ Open Hole:
 Re-Perf Codell 6800-6808 (24 new holes)
 Re-Frac'd Codell w/ 595 bbls of 26# pHaser pad, 1980 bbls of 26# pHaser, 217660# 20/40, 8000 lbs 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: _____ Date of First Production this formation: 06/14/2011

Perforations Top: 6517 Bottom: 6808 No. Holes: 70 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/26/2011 Hours: 24 Bbls oil: 58 Mcf Gas: 79 Bbls H2O: 31

Calculated 24 hour rate: _____ Bbls oil: 58 Mcf Gas: 79 Bbls H2O: 31 GOR: 1362

Test Method: Flowing Casing PSI: 920 Tubing PSI: 750 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1280 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6784 Tbg setting date: 06/20/2011 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: 06/06/2011 Date of First Production this formation: _____

Perforations Top: 6517 Bottom: 6634 No. Holes: 34 Hole size: 13/32

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

Perf Niobrara "A" 6517-6519' (4 holes) Niobrara "B" 6624-6632' (24 holes)
Frac'd Niobrara W/ 119 bbl active pad, 957 bbls of slickwater pad, 739 bbls of pHaser 20# pad, 2206 bbls 20# pHaser, 239100# 20/40, 12000# 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)