

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:

400172453

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 05-045-16109-00 6. County: GARFIELD  
7. Well Name: Puckett Well Number: 21C-24D  
8. Location: QtrQtr: NWNW Section: 24 Township: 6S Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

**Completed Interval**

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/04/2011 Date of First Production this formation: 02/15/2011

Perforations Top: 7390 Bottom: 8931 No. Holes: 162 Hole size: \_\_\_\_\_

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

Frac'd using 16013 bbls of slickwater gel and 613542 lbs of 30/50 mesh white sand

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 03/31/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 1029 Bbls H2O: 93

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 1029 Bbls H2O: 93 GOR: 51450

Test Method: Flowing Casing PSI: 587 Tubing PSI: 293 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1075 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8819 Tbg setting date: 02/17/2011 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: 6/7/2011 Email: jpglossa@petd.com

### Attachment Check List

Att Doc Num	Name
400172453	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)