

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:

400204225

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 05-123-31966-00 6. County: WELD
7. Well Name: Walters Well Number: 23-21DU
8. Location: QtrQtr: NESW Section: 21 Township: 4N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/21/2011 Date of First Production this formation: _____
Perforations Top: 7381 Bottom: 7389 No. Holes: 24 Hole size: 23/64

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

Frac'd Codell with 479 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 2007 bbls of pHaser 22# fluid system 218200# of 20/40 prefer'd rock, 8000# SB Excel 20/40.

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: _____

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|--------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------|-------------------------------------|----------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: _____ | | Date of First Production this formation: <u>07/12/2011</u> | | | |
| Perforations | Top: <u>7071</u> | Bottom: <u>7389</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 | | | | | |
| Test Information: | | | | | |
| Date: <u>07/31/2011</u> | Hours: <u>24</u> | Bbls oil: <u>70</u> | Mcf Gas: <u>225</u> | Bbls H2O: <u>16</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>70</u> | Mcf Gas: <u>225</u> | Bbls H2O: <u>16</u> | GOR: <u>3214</u> |
| Test Method: <u>Flowing</u> | | Casing PSI: <u>454</u> | Tubing PSI: _____ | Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>SOLD</u> | | Gas Type: <u>WET</u> | BTU Gas: <u>1283</u> | API Gravity Oil: <u>50</u> | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | | Packer Depth: _____ | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | | |
| 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: _____ | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------|-------------------------------------|---------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>06/21/2011</u> | | Date of First Production this formation: _____ | | | |
| Perforations | Top: <u>7071</u> | Bottom: <u>7165</u> | No. Holes: <u>28</u> | Hole size: <u>27/64</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 5px;"> Perf'd Niobrara "A" 7071'-7073' (4 holes), Niobrara "B" 7157-7165' (24 holes) Frac'd Niobrara with 120 bbl FE-1A pad, 1548 bbls Slickwater pad, 145 bbls of pHaser 20# pad, 2264 bbls of pHaser 20# fluid system and 238740# 20/40 Prefer'd Rock, 12000# 20/40 SB Excel. </div> | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | | |
| 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: _____ | | | |

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| Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
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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: <u>Jeff Glossa</u> | |
| Title: <u>Sr Engineering Tech</u> | Date: _____ | Email <u>jglossa@petd.com</u> | |

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> |
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Total: 0 comment(s)