

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: WATTENBERG Field Code: 90750

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/21/2011 Date of First Production this formation: 07/12/2011

Perforations Top: 7071 Bottom: 7389 No. Holes: 52 Hole size:

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

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

**Test Information:**

Date: 07/31/2011 Hours: 24 Bbls oil: 70 Mcf Gas: 225 Bbls H2O: 16

Calculated 24 hour rate:  Bbls oil: 70 Mcf Gas: 225 Bbls H2O: 16 GOR: 3214

Test Method: Flowing Casing PSI: 454 Tubing PSI:  Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 50

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 Status: COMMINGLED

Treatment Date: 06/21/2011 Date of First Production this formation:

Perforations Top: 7071 Bottom: 7165 No. Holes: 28 Hole size: 27/64

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

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.

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: 9/9/2011 Email: jpglossa@petd.com

### **Attachment Check List**

Att Doc Num	Name
400204225	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)