

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:

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## 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  
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION  
3. Address: 1775 SHERMAN STREET - STE 3000  
City: DENVER State: CO Zip: 80203  
4. Contact Name: Jeff Glossa  
Phone: (303) 831-3972  
Fax: (303) 860-5838

5. API Number 05-123-33575-00  
6. County: WELD  
7. Well Name: Green Well Number: 13-24H  
8. Location: QtrQtr: NWSW Section: 24 Township: 7N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 07/27/2011 Date of First Production this formation: 08/01/2011  
Perforations Top: 7293 Bottom: 11545 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Frac'd W/ 72883 bbl 24# fluid system, 3872000 # 20/40 Sand in 16 stages  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 08/31/2011 Hours: 24 Bbls oil: 263 Mcf Gas: 487 Bbls H2O: 188  
Calculated 24 hour rate: Bbls oil: 263 Mcf Gas: 487 Bbls H2O: 188 GOR: 1852  
Test Method: Flowing Casing PSI: 872 Tubing PSI: 487 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 45  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6231 Tbg setting date: 07/31/2011 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: \_\_\_\_\_ Email: jpglossa@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**

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

Total: 0 comment(s)