

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:

400190098

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 05-123-21804-00 6. County: WELD
7. Well Name: WELLS RANCH Well Number: 41-5
8. Location: QtrQtr: NENE Section: 5 Township: 5N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>06/16/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6802</u> Bottom: <u>6812</u>	No. Holes: <u>48</u>	Hole size: <u>13/32</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Re-Perf Codell 6802-6810' (24 new holes) Original perf 6804-6812' (24 holes) Re-Frac'd Codell w/ 596 bbls of 26# pHaser pad, 2079 bbls of 26# pHaser, 217100# 20/40, 8000 lbs 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: _____ _____			
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: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 08/10/2011

Perforations Top: 6562 Bottom: 6812 No. Holes: 113 Hole size: _____

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

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

Test Information:

Date: 08/31/2011 Hours: 24 Bbls oil: 16 Mcf Gas: 104 Bbls H2O: 21

Calculated 24 hour rate: _____ Bbls oil: 16 Mcf Gas: 104 Bbls H2O: 21 GOR: 6500

Test Method: Flowing Casing PSI: 737 Tubing PSI: 404 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1363 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6788 Tbg setting date: 07/28/2011 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: 06/30/2011 Date of First Production this formation: _____

Perforations Top: 6562 Bottom: 6705 No. Holes: 65 Hole size: 13/32

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

Perf Niobrara "A" 6562-6564' (4 holes) Niobrara "B" 6630-6636' (18 holes) Niobrara "C" 6698-6705' (21 holes) Original perf 6564-6700 (22 holes)
Frac'd Niobrara W/ 14 bbl FE-1A pad, 1548 bbls of slickwater pad, 360 bbls of pHaser 22# pad, 2880 bbls 22# pHaser, 240360# 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)