

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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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.

Document Number:

400214877

1. OGCC Operator Number: <u>69175</u>	4. Contact Name: <u>Jeff Glossa</u>
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 831-3972</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

5. API Number <u>05-123-20448-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ZIMMERMAN</u>	Well Number: <u>23-17</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>17</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: CODELLStatus: COMMINGLEDTreatment Date: 02/22/2002

Date of First Production this formation: _____

Perforations Top: 7238 Bottom: 7248 No. Holes: 30 Hole size: 34/100

Provide a brief summary of the formation treatment: _____

Open Hole: ☐Frac'd Codell using 2815 bbl Vistar 20/18 fluid system, 217500# 20/40 white sand and 8000\$ 20/40 Tempered DC sandThis 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: J-CODELLStatus: PRODUCING

Treatment Date: _____

Date of First Production this formation: 03/25/2002Perforations Top: 7238 Bottom: 7725 No. Holes: 54 Hole size: _____

Provide a brief summary of the formation treatment: _____

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/30/2002 Hours: 24 Bbls oil: 17 Mcf Gas: 82 Bbls H2O: 8Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 82 Bbls H2O: 8 GOR: 4706Test Method: Flowing Casing PSI: 1380 Tubing PSI: 1250 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7705 Tbg setting date: 03/18/2002 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 GlossaTitle: 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)