

**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:

400208823

## 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            05-123-33038-00

6. County: WELD

7. Well Name: Coors Energy

Well Number: 14-25H

8. Location: QtrQtr: SWSW Section: 25 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 09/21/2011

Date of First Production this formation: 09/25/2011

Perforations	Top:	7297	Bottom:	11029	No. Holes:	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole: 

Frac'd Niobrara with 12 bbls of 15% HCL, 1523 bbls Slickwater pad, 180 bbls of Vistar 18# pad, 2410 bbls of Vistar 18# fluid system, 238100 lbs of 30/50 white sand and 12180 lbs of SB Excel 20/40 resin coated proppant.

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

**Test Information:**

Date:	10/12/2011	Hours:	24	Bbls oil:	345	Mcf Gas:	386	Bbls H2O:	161
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Calculated 24 hour rate:	Bbls oil:	345	Mcf Gas:	386	Bbls H2O:	161	GOR:	1119
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Test Method: Flowing	Casing PSI: 1742	Tubing PSI: 752	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1283	API Gravity Oil:	43
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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: 11/7/2011                      Email jglossa@petd.com

### Attachment Check List

Att Doc Num	Name
400208823	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)