

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:  
400229422

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 05-045-14359-00 6. County: GARFIELD  
 7. Well Name: Puckett Well Number: 34C-7D  
 8. Location: QtrQtr: SWSE Section: 7 Township: 7S Range: 96W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 10/12/2011 Date of First Production this formation: 11/04/2011  
 Perforations Top: 7321 Bottom: 8289 No. Holes: 103 Hole size: 5/16  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Frac'd using 18425 bbls of slickwater gel and 717823 lbs of 30/50 mesh white sand  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 11/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1113 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1113 Bbls H2O: 0 GOR: \_\_\_\_\_  
 Test Method: Flowing Casing PSI: 1278 Tubing PSI: \_\_\_\_\_ Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1073 API Gravity Oil: 0  
 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: 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)