

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:

400233454

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 05-123-33542-00 6. County: WELD
7. Well Name: Brown Well Number: 13-2H
8. Location: QtrQtr: NWSW Section: 2 Township: 6N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/10/2011 Date of First Production this formation: 10/17/2011

Perforations Top: 7281 Bottom: 10794 No. Holes: 15 Hole size: _____

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

Frac'd in 15 stages using 62626 bbl slickwater slurry system 3,330,000 # 20/40 sand

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

Test Information:

Date: 10/31/2011 Hours: 24 Bbls oil: 252 Mcf Gas: 166 Bbls H2O: 321

Calculated 24 hour rate: _____ Bbls oil: 252 Mcf Gas: 166 Bbls H2O: 321 GOR: 659

Test Method: Flowing Casing PSI: 928 Tubing PSI: 493 Choke Size: 5/16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1317 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6445 Tbg setting date: 10/14/2011 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:

Surface cement invoice attached

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
400233455	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)