

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:

400226363

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>05-123-22291-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SCHRANT</u>	Well Number: <u>24-12</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>12</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 11/06/2011

Date of First Production this formation:

Perforations Top: 6834 Bottom: 6842 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Perf Codell, Re-Frac'd Codell w/ 119 bbl FE-1A pad, 595 bbls of 26# pHaser pad, 2000 bbls of 26# pHaser fluid system, 219240# 20/40 Preferd Rock 8000#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:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date:

Date of First Production this formation:

Perforations Top: 6672 Bottom: 6842 No. Holes: 42 Hole size: 27/64

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 12/16/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 21 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 21 Bbls H2O: 1 GOR: 2100

Test Method: Flowing Casing PSI: 1150 Tubing PSI: 1050 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6666 Tbg setting date: 11/15/2011 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:

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)