

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:

400236749

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 05-123-32246-00 6. County: WELD
7. Well Name: Heyde Well Number: 26VD
8. Location: QtrQtr: NENE Section: 26 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/23/2011 Date of First Production this formation: _____

Perforations Top: 7048 Bottom: 7056 No. Holes: 24 Hole size: 27/64

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

Frac'd Codell with 476 bbl Slickwater pad, 143 bbl 24# pHaser pad 24# pad, 1984 bbls of 24# pHaser fluid system, 217000# 20/40 Preferred Rock and 8000# of SB Excel 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: 10/07/2011

Perforations Top: 6905 Bottom: 7056 No. Holes: 48 Hole size: _____

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

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

Test Information:

Date: 11/30/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 70 Bbls H2O: 3

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 70 Bbls H2O: 3 GOR: 5384

Test Method: Flowing Casing PSI: 754 Tubing PSI: 492 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1378 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7036 Tbg setting date: 10/12/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 10/05/2011 Date of First Production this formation: _____

Perforations Top: 6905 Bottom: 6913 No. Holes: 24 Hole size: 27/64

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

Perf NBRR "C" 6905-6913 (24 holes)
Frac'd Niobrara with 120 bbl FE-1A pad, 1549 bbl Slickwater pad, 145 bbl 20# pHaser pad, 2215 bbls pHaser 20# fluid system, 238820# 20/40 Preferred Rock and 12000# 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: _____

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: 12/30/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400236749	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)