

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> |
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