

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400236600

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 05-123-34546-00

6. County: WELD

7. Well Name: Rotharmel

Well Number: 11-32H

8. Location: QtrQtr: NWNW Section: 32 Township: 7N Range: 66W Meridian: 6

9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 12/16/2011

Date of First Production this formation: 12/21/2011

Perforations Top: 7477 Bottom: 11693 No. Holes: 16 Hole size: 5/16

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd NBRR in 16 stages with 79690 bbl 24 pHaser fluid system and 3,571,160 # 20/40 Ottawa, 204220 #20/40 SB Excel

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

Test Information:

Date: 12/29/2011 Hours: 24 Bbls oil: 378 Mcf Gas: 326 Bbls H2O: 242

Calculated 24 hour rate: Bbls oil: 378 Mcf Gas: 326 Bbls H2O: 242 GOR: 862

Test Method: Flowing Casing PSI: 1118 Tubing PSI: 685 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7081 Tbg setting date: 12/21/2011 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: 2/1/2012 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Made corrections to TD as per opr.	2/15/2012 3:44:26 PM

Total: 1 comment(s)