

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:

400258669

Date Received:

03/06/2012

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  
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION  
3. Address: 1775 SHERMAN STREET - STE 3000  
City: DENVER State: CO Zip: 80203  
4. Contact Name: Jeff Glossa  
Phone: (303) 831-3972  
Fax: (303) 860-5838

5. API Number 05-123-20247-00  
6. County: WELD  
7. Well Name: SKURICH-ROTH  
Well Number: 6D  
8. Location: QtrQtr: NENW Section: 6 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/14/2012 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6730 Bottom: 6738 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, 766 bbls of 26# pHaser pad, 1993 bbls of 26# pHaser, 225520# 20/40 Ottawa, 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: 01/23/2012

Perforations Top: 6455 Bottom: 6738 No. Holes: 52 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

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

Date: 02/29/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 64 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 64 Bbls H2O: 4 GOR: 32000

Test Method: Flowing Casing PSI: 611 Tubing PSI: 498 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1324 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6718 Tbg setting date: 02/02/2012 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: 01/19/2012

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6455 Bottom: 6567 No. Holes: 28 Hole size: 13/32

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perf'd Niobrara "A" 6455-6457' (4 holes), Niobrara "B" ' 6559-6567 (24 holes),  
ReFrac'd Niobrara w/ 24 bbl 15% HCl, 119 bbl Active pad, 1548 bbls of Slickwater pad, 143 bbls of pHaser 22# pad, 2550 bbls of  
pHaser 22# fluid system and 178127# of 20/42 Preferred Rock

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: 3/6/2012 Email: jglossa@petd.com

### **Attachment Check List**

Att Doc Num	Name
400258669	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

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