

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:

400259313

Date Received:

03/07/2012

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	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 05-123-20921-00	6. County: WELD
7. Well Name: NHF	Well Number: 13-9
8. Location: QtrQtr: NWSW Section: 9 Township: 5N Range: 63W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 01/20/2012	Date of First Production this formation:
Perforations Top: 6767 Bottom: 6775	No. Holes: 24 Hole size: 13/32
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Reperf'd Codell Re-Frac'd Codell w/ 119 bbl Active pad, 641 bbls of 22# pHaser pad, 2031 bbls of 22# pHaser, 217140# 20/40 Preferd Rock,8000# 20/40 SB Excel.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 01/31/2012

Perforations Top: 6559 Bottom: 6775 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: 38 Bbls H2O: 10

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 20 Mcf Gas: 38 Bbls H2O: 10 GOR: 1700

Test Method: Flowing Casing PSI: 765 Tubing PSI: 613 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1220 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6753 Tbg setting date: 02/07/2012 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: 01/23/2012 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6559 Bottom: 6663 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 6559-6561' (4 holes), Niobrara "B" 6655-6663 (24 holes)  
Frac'd Niobrara with 119 bbl FE-1A pad, 1448 bbls of Slickwater pad, 219 bbls of pHaser 20# pad, 2266 bbls of pHaser 20# fluid system and 238240# of 20/42 Preferred Rock, 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: 3/7/2012 Email: jpglossa@petd.com

### **Attachment Check List**

Att Doc Num	Name
400259313	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>

Total: 0 comment(s)