

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:

400260396

Date Received:

03/12/2012

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 05-123-20390-00 6. County: WELD
7. Well Name: SKURICH/SLW RANCH Well Number: 7A
8. Location: QtrQtr: NWSE Section: 7 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/26/2012 Date of First Production this formation: _____

Perforations Top: 6709 Bottom: 6717 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 Active pad, 595 bbl pHaser pad, 2011 bbls of 26# pHaser fluid system, 218040# 20/40 Preferd Rock , 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: 02/08/2012

Perforations Top: 6499 Bottom: 6717 No. Holes: 52 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perf'd Niobrara "A" 6499-6501' (4 holes), Niobrara "B" 6590-6597 (24 holes)

ReFrac'd Niobrara with 25 bbl 15% HCl, 118 bbl FE-1A pad, 1548 bbls of Slickwater pad, 142 bbls of pHaser 22# pad, 2168 bbls of pHaser 22# fluid system and 240700# of 20/42 Preferred Rock, 12000 # 20/40 SB Excel.

Re perf Codell, Re-Frac'd Codell w/ 119 bbl Active pad, 595 bbl pHaser pad, 2011 bbls of 26# pHaser fluid system, 218040# 20/40 Preferred Rock, 8000# 20/40 SB Excel.

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

Date: 02/29/2012 Hours: 24 Bbls oil: 25 Mcf Gas: 102 Bbls H2O: 19

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 102 Bbls H2O: 19 GOR: 4080

Test Method: Flowing Casing PSI: 945 Tubing PSI: 410 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1334 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6696 Tbg setting date: 02/04/2012 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: 01/27/2012

Date of First Production this formation: _____

Perforations Top: 6499 Bottom: 6597 No. Holes: 28 Hole size: 13/32

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perf'd Niobrara "A" 6499-6501' (4 holes), Niobrara "B" 6590-6597 (24 holes)

ReFrac'd Niobrara with 25 bbl 15% HCl, 118 bbl FE-1A pad, 1548 bbls of Slickwater pad, 142 bbls of pHaser 22# pad, 2168 bbls of pHaser 22# fluid system and 240700# 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: 3/12/2012 _____

Email jglossa@petd.com _____

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Attachment Check List

Att Doc Num	Name
400260396	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Need a brief statement on the formation treatment.	4/10/2012 1:53:26 PM

Total: 1 comment(s)