

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400270611

Date Received:

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: <u>69175</u>	4. Contact Name: <u>Jeff Glossa</u>
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 831-3972</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

5. API Number <u>05-123-21656-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>UHRICH</u>	Well Number: <u>43-8</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>8</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6890 Bottom: 7063 No. Holes: 53 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/20/2012 Hours: 24 Bbls oil: 8 Mcf Gas: 86 Bbls H2O: 5

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 86 Bbls H2O: 5 GOR: 1075

Test Method: Flowing Casing PSI: 484 Tubing PSI: 280 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7046 Tbg setting date: 03/23/2012 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: 03/20/2012 Date of First Production this formation: _____

Perforations Top: 6828 Bottom: 6896 No. Holes: 39 Hole size: 13/32

Provide a brief summary of the formation treatment: _____ Open Hole:

Perf'd Niobrara "A" 6828-6831' (9 holes), Niobrara "B" 6886-6896' (30 holes)
Frac'd Niobrara w/ 24 bbl 15% HCl, 119 bbl FE-1A pad, 801 bbls of Slickwater pad, 600 bbls of pHaser 24# pad, 2223 bbls of pHaser 24# fluid system and 238780# 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: _____ jglossa@petd.com

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)