

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



DE ET OE ES

Document Number:

400258870

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
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 05-123-34630-00
6. County: WELD
7. Well Name: Hankins
Well Number: 31-22H
8. Location: QtrQtr: NWNE Section: 22 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/16/2012 Date of First Production this formation: 01/21/2012
Perforations Top: 7645 Bottom: 11484 No. Holes: 15 Hole size: 5/16

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

Frac'd Niobrara in 15 stages with 1904 bbl active pad, 8384 bbl fresh water pad, 60596 bbls 24 vis Slickwater fluid system, 35328000# 20/40 Ottawa and 192000# SB Excel 20/40 resin coated proppant.

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

Test Information:

Date: 01/26/2012 Hours: 24 Bbls oil: 463 Mcf Gas: 680 Bbls H2O: 228
Calculated 24 hour rate: Bbls oil: 463 Mcf Gas: 680 Bbls H2O: 228 GOR: 1469
Test Method: Flowing Casing PSI: 769 Tubing PSI: 613 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1398 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7211 Tbg setting date: 01/24/2012 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:

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: jglossa@petd.com

Attachment Check List

Att Doc Num	Name
400258870	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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