



State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within 30 days of work. Additional information is found under Rule 308. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the
Attachment Checklist

1. OGCC Operator Number: 69175		4. Contact Name and Telephone		Oper OGCC	
2. Name of Operator: Petroleum Development Corporation		Name: Eric R. Stearns, VP of Exploration & Development		Wellbore diagram	
3. Address: 103 East Main Street, P.O. Box 26		Phone: (304) 842-3597		Site Facility Diagram	
City: Bridgeport State: WV ZIP: 26330		Fax: (304) 842-0913			
5. API Number: 05-123-20465-00		6. County: WELD			
7. Well Name: Peterson		Well Number: #43-13			
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE, SEC 13, T6N, R65W, 6 th .		List in order of completion:			
Formation: CODELL	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled	
Perforations Interval: Top 6934'	Bottom 6942'	No. Holes: 24	Size: .34	Open Hole Completion (check if yes) <input type="checkbox"/>	
Formation Treatment Describe: 11/8/01 BJ Services Fraced with 2774 BBL OF 20/18# Vistar gel, AND 225700# OF 20/40 MESH SAND.					

Test Info Date 12/20/01	Hours: 24	Bbls Oil: 106	MCF Gas: 322	Bbls H ₂ O: 10
Production Test Method: Flowing		Csg Pressure: 400	Flowing Tbg Pressure:	Choke Size: 12/64
API Gravity Oil:	<input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: SOLD
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
Production Method: Producing				
Tbg Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production:				
Adandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:	
Bridge Plug Depth:	Sacks Cement on Top:			
Formation:	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe:				

Test Info Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method: Flowing		Csg Pressure:	Flowing Tbg Pressure:	Choke Size:
API Gravity Oil:	<input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition:
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
Production Method: Producing				
Tbg Size: 2 3/8"	Setting Depth: 6920	Packer Depth:		
Reason for Non-Production:				
Adandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:	
Bridge Plug Depth:	Sacks Cement on Top:			

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete:

Print Name: Alan H Smith

Signed:

Title: Geologist

Date: 3/2/02