



State of Colorado Oil and Gas Conservation Commission



FOR OGCC USE ONLY

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

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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 Name: Eric R. Stearns, VP of Exploration & Development Phone: (304) 842-3597 Fax: (304) 842-0913	Oper	OGCC
2. Name of Operator: Petroleum Development Corporation		Wellbore diagram	
3. Address: 103 East Main Street, P.O. Box 26		Site Facility Diagram	
City: Bridgeport State: WV ZIP: 26330			

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
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	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition:
	<input type="checkbox"/> Condensate		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	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:
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	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition:
	<input type="checkbox"/> Condensate		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	
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