

State of Colorado
Oil and Gas Conservation Commission



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

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: 09175
 2. Name of Operator: PETROLEUM DEV. COOP
 3. Address: P.O. Box 26
 City: BRIDGEPORT State: WV Zip: 26330
 4. Contact Name and Telephone: ERIC STEARNS
 No: 304-842-6256
 Fax: 304-842-0913
 5. API Number: 25-123-19882-00 6. County: WELD
 7. Well Name: MUSEM Well Number: # 25-42
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian):

	OGCC	OGCC
Wellbore diagram		
Site Facility Diagram		

List in order of completion:

FORMATION: COOL Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top 7030 Bottom 7044 No. Holes: 56 Size: 1.38 Open Hole Completion (check if yes)

Formation Treatment Describe: FRAC COLELL WITH 110,800 GAL OF VISTAR GEL AND 224,020 # OF 20/40 SAND.

Test Information Date: 2/1/00 Hours: 24 Bbls Oil: 25 MCF Gas: 107 Bbls H₂O: 2
 Production Test Method: Casing Pressure: 800 Flowing Tubing Pressure: 650 Choke Size: 18/64
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Dry Coal Gas Other: Gas Disposition: SOLD
 Calculated 24 Hr. Rate Bbls Oil: 25 MCF Gas: 107 Bbls H₂O: 2 GOR: 4000
 Production Method: FLOWING

Tubing Size: 2 3/8 Setting Depth: 7010 Packer Depth:
 Reason for Non-Production:

Abandonment of Zone Date: Squeezed: Y N Sacks Cement:
 Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion (check if yes)

FORMATION: Producing Abandoned Shut-In Commingled
 Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion (check if yes)

Test Information Date: Hours: Bbls Oil: MCF Gas: Bbls H₂O:
 Production Test Method: Casing Pressure: Flowing Tubing Pressure: Choke
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Dry Coal Gas Other: Gas Disposition:
 Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H₂O: GOR:

Tubing Size: Setting Depth: Packer Depth:
 Reason for Non-Production:

Abandonment of Zone Date: Squeezed: Y 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: ERIC B. STEARNS
 Signed: [Signature] Title: V.P. Date: 2/2/00