

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400128151

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

5. API Number 05-123-29321-00 6. County: WELD
7. Well Name: Guttersen Well Number: 34-18
8. Location: QtrQtr: SWSE Section: 18 Township: 3N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: PRODUCING
Treatment Date: 12/01/2010 Date of First Production this formation: 12/02/2010
Perforations Top: 7492 Bottom: 7521 No. Holes: 42 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐
None
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 01/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 433 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 433 Bbls H2O: 0 GOR:
Test Method: flow Casing PSI: 1046 Tubing PSI: 988 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1056 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7466 Tbg setting date: 01/01/2011 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: Email kglossa@petd.com
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

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)