

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:

2584801

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: LARRY ROBBINS
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 860-5822
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-19361-00 6. County: WELD
7. Well Name: SKURICH ROTH Well Number: 21-6
8. Location: QtrQtr: NENW Section: 6 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/11/2010 Date of First Production this formation: _____
Perforations Top: 6733 Bottom: 6743 No. Holes: 64 Hole size: 27/100

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

DRILLED OUT CIBP SET @ 6710', REPERF'D CODELL 6734-6742' (24 HOLES)
REFRAC'D CODELL USING 1000 GAL 15% HCL, 249 BBLs LINEAR GEL PAD, 566 BBLs LOW PH PHASER 26# PAD,
1737 BBLs LOW PH PHASER 26# FLUID SYSTEM, 167500 LBS 30/50 WHITE SAND AND 8000 LBS SB EXCEL 20/40 MESH
SAND.

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/13/2010</u>		Date of First Production this formation: <u>08/19/2010</u>			
Perforations	Top: <u>6460</u>	Bottom: <u>6743</u>	No. Holes: <u>154</u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>09/01/2020</u>	Hours: <u>24</u>	Bbls oil: <u>28</u>	Mcf Gas: <u>132</u>	Bbls H2O: <u>24</u>	
Calculated 24 hour rate:		Bbls oil: <u>28</u>	Mcf Gas: <u>132</u>	Bbls H2O: <u>24</u>	GOR: <u>4714</u>
Test Method: <u>flowing</u>	Casing PSI: <u>650</u>	Tubing PSI: <u>250</u>	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1320</u>	API Gravity Oil: <u>50</u>		
Tubing Size: <u>1 + 1/2</u>	Tubing Setting Depth: <u>6714</u>	Tbg setting date: <u>08/17/2010</u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></div>					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/13/2010</u>		Date of First Production this formation: <u> </u>			
Perforations	Top: <u>6460</u>	Bottom: <u>6568</u>	No. Holes: <u>90</u>	Hole size: <u>27/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;"> REPERF'D NIOBRARA "A" 6462'-6464' (4 HOLES), NIOBRARA "B" 6556'-6564' (24 HOLES) REFRAC'D NIOBRARA USING 1000 GALS 15% HCL, 1548 BBLS SLICKWATER PAD, 344 BBLS LINEAR GEL PAD, 941 BBLS LOW PH PHASER 22# PAD, 1941 BBLS LOW PH PHASER 22# FLUID SYSTEM, 238280 LBS 30/50 WHITE SAND AND 12000 LBS SB EXCEL 20/40 RESIN COATED PROPPANT. </div>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>		
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></div>					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

Comment:
<div style="border: 1px solid black; height: 20px;"></div>

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

Signed: _____

Print Name: LARRY ROBBINS

Title: REGULATORY AGENT

Date: 10/22/2010

Email LROBBINS@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: David S. Neslin

Director of COGCC

Date: 2/7/2011

Attachment Check List

Att Doc Num	Name
2584801	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req NB-CD test info	2/4/2011 8:55:50 AM

Total: 1 comment(s)