

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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COMPLETED INTERVAL REPORT

Document Number:
2584801

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

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/13/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 6460 Bottom: 6743 No. Holes: 154 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/01/2020 Hours: 24 Bbls oil: 28 Mcf Gas: 132 Bbls H2O: 24

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 132 Bbls H2O: 24 GOR: 4714

Test Method: flowing Casing PSI: 650 Tubing PSI: 250 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 50

Tubing Size: 1 + 1/2 Tubing Setting Depth: 6714 Tbg setting date: 08/17/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 08/13/2010 Date of First Production this formation: _____

Perforations Top: 6460 Bottom: 6568 No. Holes: 90 Hole size: 27/100

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

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.

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: _____

Comment: _____

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)