

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:

2590571

**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 05-123-31553-00 6. County: WELD  
7. Well Name: Brown Well Number: 20MD  
8. Location: QtrQtr: SENW Section: 20 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/26/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7498</u> Bottom: <u>7506</u> No. Holes: <u>24</u> Hole size: <u>9/25</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D CODELL WITH 477 BBLS OF SLICKWATER PAD, 144 BBLS OF PHASER 22# PAD, 1992 BBLS OF PHASER 22# FLUID SYSTEM, 218,000 LBS OF 30/50 WHITE SAND AND 8,000 LBS OF 20/40 SB EXCEL RESIN COATED PROPPANT.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 08/25/2010

Date of First Production this formation: 09/01/2010

Perforations Top: 7273 Bottom: 7506 No. Holes: 52 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 10/01/2010 Hours: 24 Bbls oil: 59 Mcf Gas: 122 Bbls H2O: 12

Calculated 24 hour rate: Bbls oil: 59 Mcf Gas: 122 Bbls H2O: 12 GOR: 2088

Test Method: flowing Casing PSI: 881 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 48

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

Status: COMMINGLED

Treatment Date: 08/25/2010

Date of First Production this formation:

Perforations Top: 7273 Bottom: 7376 No. Holes: 28 Hole size: 21/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF'D NIOBRARA "A" 7273-7275 (4 HOLES), NIOBRARA "B" 7368-7376 (24 HOLES)  
FRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 1549 BBLS SLICKWATER PAD, 145 BBLS OF PHASER 20#PAD,  
2267 BBLS OF PHASER 20# FLUID SYSTEM, 238,200 LBS OF 30/50 WHITE SAND AND 12,000 LBS OF 20/40 SB EXCEL  
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: 10/27/2010

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
2590571	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)