

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:

400127443

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) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-31872-00 6. County: WELD
7. Well Name: Ryland Well Number: 20SD
8. Location: QtrQtr: NWNW Section: 21 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>12/06/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7726</u> Bottom: <u>7734</u>	No. Holes: <u>24</u> Hole size: <u>0.36</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Perf'd Codell 7726'-7734' (24 holes)</u> <u>Frac'd Codell with 477 bbls of slickwater pad, 157 bbls of pHaser 22# pad, 1969 bbls of pHaser 22# fluid system and 217920 lbs of 30/50 white sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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: _____ Date of First Production this formation: 12/16/2010

Perforations Top: 7436 Bottom: 7734 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: 01/01/2011 Hours: 24 Bbls oil: 32 Mcf Gas: 5 Bbls H2O: 29

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 5 Bbls H2O: 29 GOR: 156

Test Method: Flowing Casing PSI: 377 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1286 API Gravity Oil: 49

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: 12/06/2010 Date of First Production this formation: _____

Perforations Top: 7436 Bottom: 7518 No. Holes: 28 Hole size: 0.42

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

Perf'd Niobrara "A" 7436'-7438' (4 holes), Niobrara "B" 7510'-7518' (24 holes) Frac'd Niobrara with 1548' bbls Slickwater pad, 144 bbls of pHaser 20# pad, 2222 bbls of pHaser 20# fluid system and 238680 lbs of 30/50 white sand, 12000 lbs. 20/40 SB Excel.

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: Jeff Glossa

Title: Sr Engineering Tech Date: 1/25/2011 Email: jglossa@petd.com

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: 2/8/2011

Attachment Check List

Att Doc Num	Name
400127443	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)