

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:

400148477

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 05-123-32122-00 6. County: WELD
7. Well Name: Carlson Well Number: 23-2D
8. Location: QtrQtr: NESW Section: 2 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/05/2011 Date of First Production this formation: _____
Perforations Top: 7383 Bottom: 7391 No. Holes: 24 Hole size: _____

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

Frac'd Codell with 476 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1961 bbls of pHaser 22# fluid system, 218920 lbs of 30/50, and 8000 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: _____

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|--|-----------------------------------|---|-------------------------------------|--------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: _____ | | Date of First Production this formation: <u>01/24/2011</u> | | | |
| Perforations | Top: <u>7372</u> | Bottom: <u>7673</u> | No. Holes: <u>52</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>03/01/2011</u> | Hours: <u>24</u> | Bbls oil: <u>24</u> | Mcf Gas: <u>28</u> | Bbls H2O: <u>4</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>24</u> | Mcf Gas: <u>28</u> | Bbls H2O: <u>4</u> | GOR: <u>1167</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>823</u> | Tubing PSI: <u>442</u> | Choke Size: <u>16/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1285</u> | API Gravity Oil: <u>46</u> | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7367</u> | Tbg setting date: <u>01/29/2011</u> | Packer Depth: _____ | | |
| Reason for Non-Production: | | | | | |
| <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | | | | | |
| 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: _____ | | | |

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|--|-----------------------------|---|-------------------------------------|---------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>01/08/2011</u> | | Date of First Production this formation: _____ | | | |
| Perforations | Top: <u>7064</u> | Bottom: <u>7208</u> | No. Holes: <u>28</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Perf'd Niobrara "A" 7064-66' (4 holes), Niobrara "B" 7200-08' (24 holes), Frac'd Niobrara with 1547 bbls Slickwater pad, 170 bbls of pHaser 20# pad, 2203 bbls of pHaser 20# fluid system, 241720 lbs of 30'50,12000 lbs 20/40 SB Excel. </div> | | | | | |
| 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: | | | | | |
| <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | | | | | |
| 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: _____ | | | |

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|---|
| Comment: |
| <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> |

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 jglossa@petd.com
:

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)