

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



DE ET OE ES

Document Number:

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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 05-045-16106-00 6. County: GARFIELD  
7. Well Name: Puckett Well Number: 11B-24D  
8. Location: QtrQtr: NWNW Section: 24 Township: 6S Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 01/09/2011 Date of First Production this formation: 01/17/2011  
Perforations Top: 7299 Bottom: 8815 No. Holes: 150 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Frac'd using 39495 bbls of slickwater gel and 601582 lbs of 30/50 mesh white sand  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 02/28/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 977 Bbls H2O: 95  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 1 Mcf Gas: 977 Bbls H2O: 95 GOR: 21048  
Test Method: Flowing Casing PSI: 780 Tubing PSI: 410 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1075 API Gravity Oil: 56  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8795 Tbg setting date: 01/13/2011 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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**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)