

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



Table with 4 columns: DE, ET, OE, ES

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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 2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION 3. Address: 1775 SHERMAN STREET - STE 3000 City: DENVER State: CO Zip: 80203 4. Contact Name: Jeff Glossa Phone: (303) 831-3972 Fax: (303) 860-5838

5. API Number 05-123-22804-00 6. County: WELD 7. Well Name: BOOTH Well Number: 12-25 8. Location: QtrQtr: SWNW Section: 25 Township: 7N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/30/2010 Date of First Production this formation: Perforations Top: 7126 Bottom: 7134 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

Re-Perf Codell 7126'-7134' (24 new holes) Original perf 7126'-7136' (24 holes) Re-Frac'd Codell w/ 597 bbls of 26# pHaser pad, 2574 bbls of 26# pHaser, 225240# 30/50

This formation is commingled with another formation: [X] 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: \_\_\_\_\_ Date of First Production this formation: 01/12/2011

Perforations Top: 6894 Bottom: 7134 No. Holes: 74 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/01/2011 Hours: 24 Bbls oil: 11 Mcf Gas: 17 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 17 Bbls H2O: 16 GOR: 1545

Test Method: flowing Casing PSI: 580 Tubing PSI: 300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1350 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7113 Tbg setting date: 12/19/2011 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/03/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6894 Bottom: 7010 No. Holes: 26 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perf Niobrara "A" 6894'-6896' (4 holes) and Niobrara "B" 7002'-7010' (24 holes)  
 Frac'd Niobrara W/ 24 bbls 15% HCL, 1548 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 2209 bbls 22# pHaser, 239080# 30/50, 12,000 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: 3/9/2011 Email jglossa@petd.com  
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**Attachment Check List**

Att Doc Num	Name
400140926	FORM 5A SUBMITTED
400140929	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)