

**FORM  
5A**Rev  
02/08State 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:

400159783

**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 05-123-31870-00 6. County: WELD  
7. Well Name: Bauer Debus Well Number: 22ND  
8. Location: QtrQtr: NENW Section: 22 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>12/27/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6854</u> Bottom: <u>6862</u>	No. Holes: <u>24</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Codell with 476 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1952 bbls of pHaser 22# fluid system, 218180 # 20/40 ottawa and 8000 lbs of SB Excel 20/40 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: <u>  NIOBRARA-CODELL  </u>				Status: <u>  PRODUCING  </u>	
Treatment Date: <u>  12/27/2010  </u>		Date of First Production this formation: <u>  12/29/2011  </u>			
Perforations	Top: <u>  6574  </u>	Bottom: <u>  6862  </u>	No. Holes: <u>  64  </u>	Hole size: <u>          </u>	
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					
<b>Test Information:</b>					
Date: <u>  03/31/2011  </u>	Hours: <u>  24  </u>	Bbls oil: <u>  24  </u>	Mcf Gas: <u>  145  </u>	Bbls H2O: <u>  4  </u>	
Calculated 24 hour rate:		Bbls oil: <u>  24  </u>	Mcf Gas: <u>  145  </u>	Bbls H2O: <u>  4  </u>	GOR: <u>  5577  </u>
Test Method: <u>  Flowing  </u>	Casing PSI: <u>  1380  </u>	Tubing PSI: <u>          </u>	Choke Size: <u>  16/64  </u>		
Gas Disposition: <u>  SOLD  </u>	Gas Type: <u>  WET  </u>	BTU Gas: <u>  1253  </u>	API Gravity Oil: <u>  52  </u>		
Tubing Size: <u>          </u>	Tubing Setting Depth: <u>          </u>	Tbg setting date: <u>          </u>	Packer Depth: <u>          </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>					
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>		
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>			

FORMATION: <u>  NIOBRARA  </u>				Status: <u>  COMMINGLED  </u>	
Treatment Date: <u>  12/27/2010  </u>		Date of First Production this formation: <u>          </u>			
Perforations	Top: <u>  6574  </u>	Bottom: <u>  6746  </u>	No. Holes: <u>  40  </u>	Hole size: <u>          </u>	
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" 6574-76' (4 holes), Niobrara "B" 6672-6680' (24 holes), Niobrara "C" 6742-6746' (12 holes) Frac'd Niobrara w/ , 2024 bbls Slickwater pad, 143 bbls of pHaser 20# pad, 2833 bbls of pHaser 20# fluid system, 238680# 20/40 Ottawa, 1200 20/40 SB Excel.         </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>          </u>	Hours: <u>          </u>	Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbls H2O: <u>          </u>	
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbls H2O: <u>          </u>	GOR: <u>          </u>
Test Method: <u>          </u>	Casing PSI: <u>          </u>	Tubing PSI: <u>          </u>	Choke Size: <u>          </u>		
Gas Disposition: <u>          </u>	Gas Type: <u>          </u>	BTU Gas: <u>          </u>	API Gravity Oil: <u>          </u>		
Tubing Size: <u>          </u>	Tubing Setting Depth: <u>          </u>	Tbg setting date: <u>          </u>	Packer Depth: <u>          </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>					
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>		
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>			

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: 4/27/2011 Email jglossa@petd.com  
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### **Attachment Check List**

Att Doc Num	Name
400159783	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)