

**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



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Document Number:

400147361

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 05-123-31849-00 6. County: WELD
7. Well Name: P&H Well Number: 22SD
8. Location: QtrQtr: SWNE Section: 22 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/16/2011 Date of First Production this formation: _____
Perforations Top: 6858 Bottom: 6866 No. Holes: 24 Hole size: 0.36

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, 2002 bbls of pHaser 22# fluid system, 218200 lbs of 20/40 white sand and 8000 lbs of 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: _____

FORMATION: <u>NIOBARRA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>01/16/2011</u>		Date of First Production this formation: <u>01/16/2011</u>			
Perforations	Top: <u>6626</u>	Bottom: <u>6866</u>	No. Holes: <u>64</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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>42</u>	Mcf Gas: <u>193</u>	Bbls H2O: <u>13</u>	
Calculated 24 hour rate:		Bbls oil: <u>42</u>	Mcf Gas: <u>193</u>	Bbls H2O: <u>13</u>	GOR: <u>4595</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1156</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1376</u>	API Gravity Oil: <u>50</u>		
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>NIOBARRA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/16/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6626</u>	Bottom: <u>6748</u>	No. Holes: <u>40</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf'd Niobrara "A" 6626-28' (4holes), Niobrara "B" 6690-98' (24 holes), Niobrara "C" 6744-48' (12 holes) Frac'd Niobrara with 2023 bbls Slickwater pad, 143 bbls of pHaser 20# pad, 2863 bbls of pHaser 20# fluid system, 338700 lbs of 20/40 white sand, and 12000 lbs of 20/40 SB Excel					
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: _____			

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: 3/28/2011 Email jglossa@petd.com
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Attachment Check List

Att Doc Num	Name
400147361	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)