

**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:

400153859

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 05-123-22684-00 6. County: WELD
7. Well Name: J&L FARMS Well Number: 42-19
8. Location: QtrQtr: SENE Section: 19 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/05/2011 Date of First Production this formation: _____
Perforations Top: 6759 Bottom: 6768 No. Holes: 48 Hole size: _____

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

RePerf Codell 6759-6767' (24 holes) original Codell perf'd 6760'-6768' (24 holes)
Refrac'd Codell w/ 597 bbls of 26# pHaser pad, 1955 bbls of pHaser 26# fluid system, 217640 lbs of 20/40, 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: _____

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/05/2011</u>		Date of First Production this formation: <u>03/17/2011</u>			
Perforations	Top: <u>6480</u>	Bottom: <u>6768</u>	No. Holes: <u>76</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>03/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>39</u>	Mcf Gas: <u>68</u>	Bbls H2O: <u>31</u>	
Calculated 24 hour rate:		Bbls oil: <u>39</u>	Mcf Gas: <u>68</u>	Bbls H2O: <u>31</u>	GOR: <u>1744</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>1650</u>	Tubing PSI: <u>1450</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1378</u>	API Gravity Oil: <u>46</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6745</u>	Tbg setting date: <u>03/21/2011</u>	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</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/05/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6480</u>	Bottom: <u>6595</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf Niobrara "A" 6480'-6482' (4 holes) and Niobrara "B" 6578-6695' (24 holes) Frac'd W/ 1550 bbls of slickwater pad, 146 bbls of pHaser 20# pad, 2193 bbls of pHaser 20# fluid system and 238080 lbs of 20/40, 6000 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: 4/14/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400153859	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)