

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



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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 05-123-31968-00 6. County: WELD  
7. Well Name: Wedco Well Number: 13-21DU  
8. Location: QtrQtr: NESW Section: 21 Township: 4N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/20/2011 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7462 Bottom: 7470 No. Holes: 24 Hole size: 23/64

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

Frac'd Codell with 477 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 1975 bbls of pHaser 22# fluid system, 218180# of 20/40 prefer'd rock, 8000# SB Excel 20/40.

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: _____		Date of First Production this formation: <u>07/12/2011</u>			
Perforations	Top: <u>7149</u>	Bottom: <u>7470</u>	No. Holes: <u>52</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					
<b>Test Information:</b>					
Date: <u>08/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>34</u>	Mcf Gas: <u>121</u>	Bbls H2O: <u>3</u>	
Calculated 24 hour rate:		Bbls oil: <u>34</u>	Mcf Gas: <u>121</u>	Bbls H2O: <u>3</u>	GOR: <u>3559</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>615</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1463</u>	API Gravity Oil: <u>50</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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>06/22/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7149</u>	Bottom: <u>7243</u>	No. Holes: <u>28</u>	Hole size: <u>27/64</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">           Perf'd Niobrara "A" 7149-7151' (4 holes), Niobrara "B" 7235-7243' (24 holes)            Frac'd Niobrara with 123 bbl FE-1A pad, 1549 bbls Slickwater pad, 145 bbls of pHaser 20# pad, 2266 bbls of pHaser 20# fluid system and 238700# 20/40 Prefer'd Rock, 12000# 20/40 SB Excel.         </div>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Jeff Glossa</u>	
Title: <u>Sr Engineering Tech</u>	Date: _____	Email <u>jglossa@petd.com</u>	

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**

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

Total: 0 comment(s)