

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:

400214877

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: <u>69175</u>	4. Contact Name: <u>Jeff Glossa</u>
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 831-3972</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

5. API Number <u>05-123-20448-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ZIMMERMAN</u>	Well Number: <u>23-17</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>17</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 02/22/2002

Date of First Production this formation:

Perforations Top: 7238 Bottom: 7248 No. Holes: 30 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'dCodell using 2815 bbl Vistar 20/18 fluid system, 217500# 20/40 white sand and 8000\$ 20/40 Tempered DC sand

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: J-CODELL

Status: PRODUCING

Treatment Date:

Date of First Production this formation: 03/25/2002

Perforations Top: 7238 Bottom: 7725 No. Holes: 54 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/30/2002 Hours: 24 Bbls oil: 17 Mcf Gas: 82 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 82 Bbls H2O: 8 GOR: 4706

Test Method: Flowing Casing PSI: 1380 Tubing PSI: 1250 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7705 Tbg setting date: 03/18/2002 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: 10/13/2011 Email: jglossa@petd.com

### Attachment Check List

Att Doc Num	Name
400214877	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)