

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 05-123-32185-00 6. County: WELD
7. Well Name: Coors Energy Well Number: 25LD
8. Location: QtrQtr: SESW Section: 25 Township: 3N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/09/2011 Date of First Production this formation: _____
Perforations Top: 6948 Bottom: 6956 No. Holes: 24 Hole size: 27/64

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

Frac'd Codell with 476 bbl Slickwater pad, 143 bbl 24# pHaser pad 20# pad, 2030 bbls of 24# pHaser fluid system, 217000# 20/40 Preferred Rock and 8000# of SB Excel 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: _____		Date of First Production this formation: <u>09/22/2011</u>			
Perforations	Top: <u>6724</u>	Bottom: <u>6956</u>	No. Holes: <u>60</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>10/11/2011</u>	Hours: <u>24</u>	Bbls oil: <u>10</u>	Mcf Gas: <u>20</u>	Bbls H2O: <u>4</u>	
Calculated 24 hour rate:		Bbls oil: <u>10</u>	Mcf Gas: <u>20</u>	Bbls H2O: <u>4</u>	GOR: <u>2000</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>445</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1283</u>	API Gravity Oil: <u>47</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>09/09/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6724</u>	Bottom: <u>68410</u>	No. Holes: <u>36</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 Niobrara "B" 6724-6732 (24 holes) Niobrara "C" 6806-6810 (12 holes) Frac'd Niobrara with 119 bbl FE_1A pad, 1548 bbl Slickwater pad, 144 bbl 20# pHaser pad, 2266 bbls pHaser 20# fluid system, 238680# 20/40 Preferred Rock and 12000# 20/40 SB Excel </div>					
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: <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>

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

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

Total: 0 comment(s)