

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:

400227212

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 05-123-29320-00 6. County: WELD
7. Well Name: Guttersen Well Number: 44-18
8. Location: QtrQtr: SESE Section: 18 Township: 3N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 06/02/2011 Date of First Production this formation: 06/07/2011
Perforations Top: 6796 Bottom: 6804 No. Holes: 24 Hole size: 13/32

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

Frac'd w/ 199 bbl active pad, 595 bbl pHaser pad, 1976 bbl pHaser #26 fluid system, 218509# 20/40 white sand, 13716# 20/40 SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 07/31/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 51 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 51 Bbls H2O: 2 GOR: 3000
Test Method: Flowing Casing PSI: 1156 Tubing PSI: 876 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1045 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6779 Tbg setting date: 06/16/2011 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>DAKOTA</u>		Status: <u>DRY AND ABANDONED</u>	
Treatment Date: <u>12/13/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7472</u>	Bottom: <u>7508</u>	No. Holes: <u>46</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Perf Dakota 7472'-7480' (16 holes) 7498'-7508' (30 holes) Swab			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" 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:			
Wet			
Date formation Abandoned: <u>02/14/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7380</u>		Sacks cement on top: <u>2</u>	

FORMATION: <u>J SAND</u>		Status: <u>DRY AND ABANDONED</u>	
Treatment Date: <u>02/15/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7302</u>	Bottom: <u>7258</u>	No. Holes: <u>36</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Perf J Sand 7302-7308' (12holes) 7284'-7290' (12 holes) 7252-7258' (12 holes) Swab			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" 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:			
Wet			
Date formation Abandoned: <u>05/18/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7000</u>		Sacks cement on top: <u>2</u>	

FORMATION: LAKOTA Status: DRY AND ABANDONED

Treatment Date: 12/06/2010 Date of First Production this formation: _____

Perforations Top: 7492 Bottom: 7521 No. Holes: 42 Hole size: 3/8

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

Perf Lakota 7552'-7564' (24holes) 7547'-7582' (18 holes) Swab

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: _____

Wet

Date formation Abandoned: 12/13/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7546 Sacks cement on top: 0

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: _____ Email jglossa@petd.com

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
400227212	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)