

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 05-123-22290-00 6. County: WELD
7. Well Name: SCHRANT Well Number: 23-12
8. Location: QtrQtr: NESW Section: 12 Township: 6N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/09/2011 Date of First Production this formation: _____
Perforations Top: 6862 Bottom: 6870 No. Holes: 24 Hole size: 13/32

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

Re-perf'd Codell
Re-Frac'd Codell w/ 119 FE-1A pad, 596 bbls of 26# pHaser pad, 1313 bbls of 26# pHaser fluid system, 119766# 20/40 Preferd Rock,

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6699 Bottom: 6870 No. Holes: 42 Hole size: _____

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

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

Test Information:

Date: 12/16/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 93 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 19 Mcf Gas: 93 Bbls H2O: 10 GOR: 4895

Test Method: Flowing Casing PSI: 900 Tubing PSI: 800 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6847 Tbg setting date: 12/09/2011 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: NIOBRARA Status: COMMINGLED

Treatment Date: 11/23/2011 Date of First Production this formation: _____

Perforations Top: 6699 Bottom: 6705 No. Holes: 18 Hole size: 0.34

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

Re-Frac'd original Niobrara perms with 123 bbl FE-1A pad, 952 bbls of Slickwater pad, 739 bbls of pHaser 20# pad, 2294 bbls of pHaser 20# fluid system and 243180# of 20/42 Preferd Rock, 12000 # 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: _____

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)