

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:

400224466

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 05-123-22517-00

6. County: WELD

7. Well Name: FRANCIS

Well Number: 11-8

8. Location: QtrQtr: NWNW Section: 8 Township: 6N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 10/28/2011

Date of First Production this formation:

Perforations Top: 7036 Bottom: 7044 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/ 595 bbls of 26# pHaser pad, 2000 bbls of 26# pHaser fluid system, 217000# 20/40 Preferd Rock, 8000# 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 11/09/2011

Perforations Top: 6742 Bottom: 7044 No. Holes: 52 Hole size: _____

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

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

Test Information:

Date: 11/30/2011 Hours: 24 Bbls oil: 32 Mcf Gas: 225 Bbls H2O: 65

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 225 Bbls H2O: 65 GOR: 7031

Test Method: Flowign Casing PSI: 582 Tubing PSI: 265 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7022 Tbg setting date: 11/01/2011 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: 10/28/2011 Date of First Production this formation: _____

Perforations Top: 6742 Bottom: 6883 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 6742-6744' (4 holes), Niobrara "B" 6875-6883 (24 holes)
Frac'd Niobrara with 119 bbl FE-1A pad, 1548 bbls of Slickwater pad, 147 bbls of pHaser 20# pad, 2232 bbls of pHaser 20# fluid system and 238260# of 20/42 Preferred 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: 12/15/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400224466	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)