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: 400241793

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

5. API Number 05-123-31999-00
6. County: WELD
7. Well Name: Ryland
Well Number: 20YD
8. Location: QtrQtr: NESW Section: 21 Township: 4N Range: 67W Meridian: 6
9. Field Name: Field Code:

## Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/24/2011 Date of First Production this formation:

Perforations Top: 7719 Bottom: 7727 No. Holes: 24 Hole size: 23/64

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

Frac'd Codell with 478 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1996 bbls of pHaser 22# fluid system, 218060# 20/40 Prefr'd Rock, 8000# SB Excel 20/40.

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: 07/12/2011

Perforations Top: 7410 Bottom: 7727 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: 08/31/2011 Hours: 24 Bbls oil: 38 Mcf Gas: 148 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 148 Bbls H2O: 5 GOR: 3895

Test Method: Flowing Casing PSI: 1066 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7709 Tbg setting date: 01/02/2012 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: 07/13/2011 Date of First Production this formation:

Perforations Top: 7410 Bottom: 7502 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 7410-7412 ' (4 holes), Niobrara "B" 7494-7502' (24 holes)
Frac'd Niobrara with 1563 bbls Slickwater pad, 143 bbls of pHaser 20# pad, 2258 bbls of pHaser 20# fluid system, 238860# of 20/40 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 |
|---|---|
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Total Attach: 0 Files

### General Comments

| User Group | Comment | Comment Date |
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Total: 0 comment(s)