

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:

400226352

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 05-123-22336-00 6. County: WELD  
 7. Well Name: BOOTH Well Number: 11-25  
 8. Location: QtrQtr: NWNW Section: 25 Township: 7N Range: 65W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/10/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7150 Bottom: 7158 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Re-Perf Codell, Re-Frac'd Codell w/ 603 bbls of 26# pHaser pad, 2263 bbls of 26# pHaser, 195584# 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: 11/10/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6885 Bottom: 7158 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: 12/28/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 15 Bbls H2O: 2

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 14 Mcf Gas: 15 Bbls H2O: 2 GOR: 1074

Test Method: Flowign Casing PSI: 1253 Tubing PSI: 754 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1286 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7133 Tbg setting date: 11/19/2011 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: 11/10/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6885 Bottom: 7023 No. Holes: 28 Hole size: 27/64

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perf Niobrara "A" 6885-6887' (4 holes) and Niobrara "B" 7015-7023' (24 holes)  
Frac'd Niobrara W/ 24 bbls 15% HCL, 119 bbl active pad, 800 bbls of slickwater pad, 801 bbls of pHaser 20# pad, 2173 bbls 20# pHaser, 269500# 20/40 Preferd Rock, 20,000 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: 12/30/2011 Email: jpglossa@petd.com

### Attachment Check List

Att Doc Num	Name
400226352	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

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

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