

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:

400238677

Date Received:

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 05-123-20236-00

6. County: WELD

7. Well Name: UHRICH

Well Number: 23-29

8. Location: QtrQtr: NESW Section: 29 Township: 6N Range: 64W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 12/09/2011

Date of First Production this formation:

Perforations Top: 6897 Bottom: 6905 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 bbl FE-1A pad, 596 bbls of 26# pHaser pad, 2003 bbls of 26# pHaser fluid system, 217360# 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-CODELLStatus: PRODUCING

Treatment Date: \_\_\_\_\_

Date of First Production this formation: 12/23/2011Perforations Top: 6598 Bottom: 6905 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: 01/16/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 181 Bbls H2O: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 20 Mcf Gas: 181 Bbls H2O: 0 GOR: 9050Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1100 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1345 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 6886 Tbg setting date: 12/16/2011 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 12/09/2011

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6598 Bottom: 6734 No. Holes: 24 Hole size: 27/64Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Perf'd Niobrara "A" 6598'-6600' (4 holes), Niobrara "B" 6726-6734' (24 holes)  
Frac'd Niobrara with 119 bbl FE-1A pad, 386 bbls of Slickwater pad, 1256 bbls of pHaser 20# pad, 2299 bbls of pHaser 20# fluid system and 238270# 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 GlossaTitle: Sr Engineering Tech Date: \_\_\_\_\_ Email: jglossa@petd.com

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)