

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:

400236717

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 05-123-27150-00 6. County: WELD  
7. Well Name: Heinricy Well Number: 7AU  
8. Location: QtrQtr: SWNW Section: 7 Township: 5N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/10/2012 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7252 Bottom: 7260 No. Holes: 24 Hole size: 13/32

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

Frac'd Codell 119 bbl Active pad, 595 bbl Slickwater pad, 370 bbl 26# pHaser pad, 2004 bbls 26# pHaser fluid system, 217000# 20/40 Preferred Rock and 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: <u>J SAND</u>				Status: <u>ABANDONED</u>	
Treatment Date: <u>12/28/2011</u>		Date of First Production this formation: <u>12/28/2011</u>			
Perforations	Top: <u>7726</u>	Bottom: <u>7736</u>	No. Holes: <u>30</u>	Hole size: <u>5/16</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
121 bbl active pad, 237 bbl pHaser pad, 359 bbl pHaser pad, 1511 bbl 20/40 24# pHaser slurry, 8440 # 100 mesh, 148320# 20/40 Ottawa, 8000# 20/40 SB Excel					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
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: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
Uneconomic					
Date formation Abandoned: <u>02/07/2012</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7380</u>		Sacks cement on top: <u>2</u>			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>02/18/2012</u>			
Perforations	Top: <u>6942</u>	Bottom: <u>7260</u>	No. Holes: <u>52</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>03/28/2012</u>	Hours: <u>24</u>	Bbls oil: <u>15</u>	Mcf Gas: <u>27</u>	Bbls H2O: <u>2</u>	
Calculated 24 hour rate:		Bbls oil: <u>15</u>	Mcf Gas: <u>27</u>	Bbls H2O: <u>22</u>	GOR: <u>1800</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>514</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1375</u>	API Gravity Oil: <u>4403</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 02/10/2012 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6942 Bottom: 7063 No. Holes: 28 Hole size: 27/64

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

Perf Niobrara "B" 7055-7063 (24 holes) Niobrara "A" 6942-6944 (4 holes)  
Frac'd Niobrara 700 bbl Slickwater pad, 701bbl 20# pHaser pad, 1983 bbls pHaser 20# fluid system, 238000# 20/40 Preferred Rock and 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

**Attachment Check List**

Att Doc Num	Name
400268950	OTHER

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)