

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400272822

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 05-123-33245-00 6. County: WELD
7. Well Name: Zeiler Well Number: 7LDU
8. Location: QtrQtr: SWSW Section: 7 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/15/2012 Date of First Production this formation: _____

Perforations Top: 7357 Bottom: 7365 No. Holes: 24 Hole size: 13/32

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

Frac'd Codell with 476 bbl Slickwater pad, 142 bbl 26# pHaser pad, 1985bbls of 26# pHaser fluid system, 217000# 20/40 Preferred Rock and 8000# of SB Excel 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: 03/27/2012

Perforations Top: 7044 Bottom: 7365 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: 04/23/2012 Hours: 24 Bbls oil: 27 Mcf Gas: 36 Bbls H2O: 12

Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 36 Bbls H2O: 12 GOR: _____

Test Method: Flowing Casing PSI: 627 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 46

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

Status: COMMINGLED

Treatment Date: 03/15/2012

Date of First Production this formation: _____

Perforations Top: 7044 Bottom: 7164 No. Holes: 28 Hole size: 27/64

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

Perf Niobrara "B" 7156-7164' (24 holes) Niobrara "A" 7044-7046' (4 holes)
Frac'd Niobrara with 119 bbl FE_1A pad, 1549 bbl Slickwater pad, 143 bbl 20# pHaser pad, 2238bbls pHaser 20# fluid system,
238150# 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)