



State of Colorado

Oil and Gas Conservation Commission

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



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APR - 3 2000

OGCC

Complete the Attachment Checklist

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within 30 days of work. Additional information is found under Rule 306. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

1. OGCC Operator Number: 69175	4. Contact Name and Telephone	Oper	OGCC
2. Name of Operator: Petroleum Development Corporation	Name: Eric R. Stearns, VP of Exploration & Development	Wellbore diagram	
3. Address: 103 East Main Street, P.O. Box 26	Phone: (304) 842-3597	Site Facility Diagram	
City: Bridgeport State: WV ZIP: 26330	Fax: (304) 842-0913		
5. API Number: 05-123-19909-00	6. County: WELD		
7. Well Name: J & L FARMS	Well Number: #29-34		
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE, SEC29 T6N, R63W, 6 <sup>th</sup>	List in order of completion:		
Formation: CODELL	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In
Perforations Interval: Top 6791'	Bottom 6784'	No. Holes: 28	Size: .39
Open Hole Completion (check if yes) <input type="checkbox"/>			
Formation Treatment Describe: 3/3/00 BJ SERVICES FRACED WITH 91,000 GAL OF VISTAR GEL AND 10,000# OF 100MES			
226,000# of 20/40 sand, AND 10,000# OF 12/20#.			

Test Info Date: 3/10/00	Hours: 24	Bbls Oil: 65	MCF Gas: 156	Bbls H <sub>2</sub> O: 2
Production Test Method: Flowing	Csg Pressure: 290	Flowing Tbg Pressure: N/A	Choke Size: 12/64	
API Gravity Oil:	<input type="checkbox"/> Oil	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition:
	<input type="checkbox"/> Condensate		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	SOLD
Calculated 24 Hr. Rate	Bbls Oil: 65	MCF Gas: 156	Bbls H <sub>2</sub> O: 2	GOR: 2400
Production Method: Producing				
Tbg Size:	Setting Depth:	Packer Depth:		

Reason for Non-Production:

Adandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:		
Formation:	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In
Perforations Interval: Top	Bottom	No. Holes:	Size:
Open Hole Completion (check if yes) <input type="checkbox"/>			
Formation Treatment Describe:			

Test Info Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:
Production Test Method: Flowing	Csg Pressure:	Flowing Tbg Pressure:	Choke Size:	
API Gravity Oil:	<input type="checkbox"/> Oil	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Helium	Gas Disposition:
	<input type="checkbox"/> Condensate		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> O:	GOR:
Production Method: Producing				
Tbg Size:	Setting Depth:	Packer Depth:		

Reason for Non-Production:

Adandonment of Zone	Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:		

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete:

Print Name: Eric R. Stearns

Signed: [Signature] Title: VP of Exploration & Development Date: 3/28/00