



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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FOR OGCC USE ONLY

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OGCC

COMPLETED INTERVAL REPORT

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 308. 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.

Complete the Attachment Checklist

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. OGCC Operator Number: 69175 2. Name of Operator: Petroleum Development Corporation 3. Address: 103 East Main Street, P.O. Box 26 City: Bridgeport State: WV ZIP: 26330 | 4. Contact Name and Telephone Name: Eric R. Stearns, VP of Exploration & Development Phone: (304) 842-3597 Fax: (304) 842-0913 | Oper OGCC | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Wellbore diagram</td><td></td><td></td></tr> <tr><td>Site Facility Diagram</td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </table> | Wellbore diagram | | | Site Facility Diagram | | | | | | | | | | | | | | |
| Wellbore diagram | | | | | | | | | | | | | | | | | | | | | |
| Site Facility Diagram | | | | | | | | | | | | | | | | | | | | | |
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|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|
| 5. API Number: 05-123-20483-00 | 6. County: WELD | | |
| 7. Well Name: J & L Farms | Well Number: #29-B | | |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW, SEC29 T6N, R63W, 6 th . | | | <i>List in order of completion:</i> |
| Formation: CODELL | <input checked="" type="checkbox"/> Producing | <input type="checkbox"/> Abandoned | <input type="checkbox"/> Shut-In |
| | <input type="checkbox"/> Commingled | | |
| Perforations Interval: Top 6759' | Bottom 6767' | No. Holes: 30 | Size: .34 |
| Open Hole Completion (check if yes) <input type="checkbox"/> | | | |
| Formation Treatment Describe: 9/21/01 BJ Services Fraced with 2855 BBL OF 20/18# Vistar gel, AND 229800# OF 20/40 MESH SAND. | | | |

| | | | | |
|---------------------------------|---------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Test Info Date 10/18/01 | Hours: 24 | Bbls Oil: 35 | MCF Gas: 105 | Bbls H ₂ O: 1 |
| Production Test Method: Flowing | | Csg Pressure: 230 | Flowing Tbg Pressure: 210 | Choke Size: 12/64 |
| API Gravity Oil: | <input type="checkbox"/> Oil <input type="checkbox"/> Condensate | BTU Gas: | <input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other | Gas Disposition: SOLD |
| Calculated 24 Hr. Rate | Bbls Oil: | MCF Gas: | Bbls H ₂ O: | GOR: |
| Production Method: Producing | | | | |
| Tbg Size: 2 3/8" | Setting Depth: 6700 | 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 | <input type="checkbox"/> Commingled |
| 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 ₂ O: |
| Production Test Method: Flowing | | Csg Pressure: | Flowing Tbg Pressure: | Choke Size: |
| API Gravity Oil: | <input type="checkbox"/> Oil <input type="checkbox"/> Condensate | BTU Gas: | <input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other | Gas Disposition: |
| Calculated 24 Hr. Rate | Bbls Oil: | MCF Gas: | Bbls H ₂ 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: Alan H Smith
 Signed: Title: Geologist Date: 2/2/02