



# State of Colorado Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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## 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	4. Contact Name and Telephone Name: Eric R. Stearns, VP of Exploration & Development Phone: (304) 842-3597 Fax: (304) 842-0913	Oper	OGCC
2. Name of Operator: Petroleum Development Corporation			
3. Address: 103 East Main Street, P.O. Box 26			
City: Bridgeport State: WV ZIP: 26330			

Wellbore diagram		
Site Facility Diagram		

5. API Number: 05-123-19913-00	6: County: WELD
7: Well Name: GUTTERSON	Well Number: #21-31
8: Location (QtrQtr, Sec, Twp, Rng, Meridian): NW NE, SEC21, T3N, R64W, 6 <sup>th</sup>	
Formation: CODELL	<input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-In <input type="checkbox"/> Commingled
Perforations Interval: Top 6962'	Bottom 6972' No. Holes: 32 Size: .39 Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: 3/27/00 HALLIBURTON SERVICES FRACED WITH 134,409 GAL OF 22# PHOENIX GEL, 245,500# of 20/40.	

Test Info Date: 4/15/00	Hours: 24	Bbls Oil: 33	MCF Gas: 152	Bbls H <sub>2</sub> O: 4
Production Test Method: Flowing		Csg Pressure: 664	Flowing Tbg Pressure:	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 <sub>2</sub> <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: 33	MCF Gas: 152	Bbls H <sub>2</sub> O: 4	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:			
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 <sub>2</sub> 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 <sub>2</sub> <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 <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: 5/2/00