



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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JUN 01 2001

OIL & GAS COMMISSION

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 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.

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: 05-123-20221-00	6: County: WELD	List in order of completion:		
7: Well Name: Benson	Well Number: #23-15			
8: Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW, SEC15 T6N, R65W, 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 7093'	Bottom 7001'	No. Holes: 24	Size: .34	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: 3/8/01 B J Services Fraced with 2905 BBL OF 18/20# Vistar gel, AND 225560# OF 20/40 MESH SAND.				

Test Info Date: 5/11/01	Hours: 24	Bbls Oil: 11	MCF Gas: 55	Bbls H <sub>2</sub> O: 2
Production Test Method: Flowing	Csg Pressure: 300	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: 11	MCF Gas: 55	Bbls H <sub>2</sub> O: 2	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	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: Alan H Smith

Signed: Title: Geologist Date: 5/25/01