

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 05-123-34546-00 6. County: WELD
7. Well Name: Rotharmel Well Number: 11-32H
8. Location: QtrQtr: NWNW Section: 32 Township: 7N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/16/2011 Date of First Production this formation: 12/21/2011
Perforations Top: 7477 Bottom: 11686 No. Holes: 16 Hole size: 5/16

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

Frac'd NBRR in 16 stages with 79690 bbl 24 pHaser fluid system and 3,571,160 # 20/40 Ottawa, 204220 #20/40 SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/29/2011 Hours: 24 Bbls oil: 378 Mcf Gas: 326 Bbls H2O: 242
Calculated 24 hour rate: _____ Bbls oil: 378 Mcf Gas: 326 Bbls H2O: 242 GOR: 862
Test Method: Flowing Casing PSI: 1118 Tubing PSI: 685 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7081 Tbg setting date: 12/21/2011 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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

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)