

FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

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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, reoperation 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
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-21311-00
6. County: WELD
7. Well Name: MONSON
Well Number: 24-20
8. Location: QtrQtr: SESW Section: 20 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 01/27/2012 End Date: Date of First Production this formation:

Perforations Top: 7137 Bottom: 7145 No. Holes: 24 Hole size: 13/32

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

Re-perf Codell, Re-Frac'd Codell w/ 119 bbl Active pad, 595 bbls of 26# pHaser pad, 2021 bbls of 24# pHaser, 216980 # 20/40 Preferd Rock, 8000# 20/40 SB Excel.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Number of staged intervals:
Total acid used in treatment (bbl): Max frac gradient (psi/ft):
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/15/2012

Perforations Top: 6845 Bottom: 7145 No. Holes: 52 Hole size: _____

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/29/2012 Hours: 24 Bbl oil: 32 Mcf Gas: 113 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 32 Mcf Gas: 113 Bbl H2O: 9 GOR: 3558

Test Method: Flowing Casing PSI: 680 Tubing PSI: 201 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1313 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7123 Tbg setting date: 02/14/2012 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: _____

FORMATION: NIORRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 01/27/2012 End Date: _____ Date of First Production this formation: _____

Perforations Top: 6845 Bottom: 6963 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 6846-6848' (4 holes), Niobrara "B" 6955-6963 (24 holes)
ReFrac'd Niobrara with 119 bbl Active pad, 1549 bbls of Slickwater pad, 143 bbls of pHaser 20# pad, 2246 bbls of pHaser 20# fluid system and 238240# of 20/42 Preferred Rock, 12000 # 20/40 SB Excel.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 3/12/2012 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Name
400260294	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)