

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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COMPLETED INTERVAL REPORT

Document Number:
1667406

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: LARRY ROBBINS
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: _____
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
City: DENVER State: CO Zip: 80203

5. API Number 05-123-19319-00 6. County: WELD
7. Well Name: HOSHIKO Well Number: 31-34
8. Location: QtrQtr: NWNE Section: 34 Township: 6N Range: 65W Meridian: 6

Completed Interval

FORMATION: CODELL Status: N/A
Treatment Date: 09/15/2003 Date of First Production this formation: 09/15/2003
Perforations Top: 6973 Bottom: 6983 No. Holes: 64 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole:
REPERF CODELL 6974'-6982' (24 HOLES) REF CODELL WITH 643 BBLs OF VISTAR 24# PAD, 1923 BBLs OF VISTAR 24# FLUID SYSTEM, 217660 LBS OF 20/40 WHITE SAND AND 8000 LBS OF SUPER LC 20/40 RESIN COATED PROPPANT.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/01/2003 Hours: 24 Bbls oil: 12 Mcf Gas: 73 Bbls H2O: 3
Calculated 24 hour rate: _____ Bbls oil: 12 Mcf Gas: 73 Bbls H2O: 3 GOR: 6083
Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1274 API Gravity Oil: 50
Tubing Size: 1.5 Tubing Setting Depth: 6967 Tbg setting date: 09/16/2003 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 Status: N/A

Treatment Date: 12/03/2009 Date of First Production this formation: 12/03/2009

Perforations Top: 6722 Bottom: 6872 No. Holes: 28 Hole size: 27/100

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

PERF NIOBRARA "A" 6722'-6726' (4 HOLES) AND NIOBRARA "B" 6864'-6872' (24 HOLES) FRAC'D NIOBRARA USING 1000 GALS OF 15% HCL, 476 BBLs OF SLICKWATER PAD, 715 BBLs OF SILVERSTIM 22# PAD, 2150 BBLs OF SILVERSTIM 22# FLUID SYSTEM, 238140 LBS OF 30/50 WHITE SAND AND 12000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.

This formation is commingled with another formation: Yes No

Test Information:

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

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: LARRY ROBBINS

Title: REGULATORY AGENT Date: 3/24/2010 Email: LROBBINS@PETD.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nesline Director of COGCC Date: 6/21/2010