

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
1667407

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: NIOBRARA-CODELL Status: N/A
Treatment Date: 12/31/2009 Date of First Production this formation: 12/31/2009
Perforations Top: 6722 Bottom: 6983 No. Holes: 92 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
REMOVE BRIDGE PLUG AND COMMINGLE CODELL WITH NIOBRARA ON 12/29/2009.
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/01/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 85 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 85 Bbls H2O: 0 GOR: 6538
Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1262 API Gravity Oil: 53
Tubing Size: 2.062 Tubing Setting Depth: 6961 Tbg setting date: 12/30/2009 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. Neslin Director of COGCC Date: 6/21/2010

