

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

