

**FORM
5A**Rev
02/08State 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

Document Number:

2555465

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: (303) 860-5822
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-29359-00 6. County: WELD
7. Well Name: Cozzens Well Number: 42-9D
8. Location: QtrQtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>03/19/2010</u>		Date of First Production this formation: <u>03/30/2010</u>		
Perforations	Top: <u>7014</u>	Bottom: <u>7242</u>	No. Holes: <u>28</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<p>NIOBRARA "A" 7014'-7016' (4 HOLES), NIOBRARA "B" 7134'-7140' (12 HOLES) AND CODELL 7236'-7242' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 917 BBLS SLICKWATER PAD, 716 BBLS PHASER 22# PAD, 2930 BBLS OF PHASER 22# FLUID SYSTEM, 334,560 LBS OF 30/50 WHITE SAND AND 15,500 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.</p>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>05/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>47</u>	Mcf Gas: <u>95</u>	Bbls H2O: <u>13</u>
Calculated 24 hour rate:		Bbls oil: <u>47</u>	Mcf Gas: <u>95</u>	Bbls H2O: <u>13</u> GOR: <u>2021</u>
Test Method: <u>FLOWD UP CASING</u>	Casing PSI: <u>578</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1337</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7223</u>	Tbg setting date: <u>05/19/2010</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: _____		

Comment:

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: 6/7/2010

Email LROBBINS@PETD.COM
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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: *David S. Neslin*

Director of COGCC

Date: 10/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555465	FORM 5A SUBMITTED	LF @ 2505823 2555465

Total Attach: 1 Files