

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:
2555472

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
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: LARRY ROBBINS
Phone: (303) 860-5822
Fax: (303) 860-5838

5. API Number 05-123-29323-00
6. County: WELD
7. Well Name: Cozzens Well Number: 9C
8. Location: QtrQtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 03/24/2010 Date of First Production this formation:
Perforations Top: 7076 Bottom: 7084 No. Holes: 24 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC'D CODELL WITH 476 BBLs OF SLICKWATER PAD, 143 BBLs OF PHASER 22# PAD, 1998 BBLs OF PHASER 22# FLUID SYSTEM, 217700 LBS OF 30/50 WHITE SAND AND 8000 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/24/2010 Date of First Production this formation: 03/30/2010

Perforations Top: 6790 Bottom: 7084 No. Holes: 52 Hole size: 34/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/01/2010 Hours: 24 Bbls oil: 72 Mcf Gas: 164 Bbls H2O: 19

Calculated 24 hour rate: Bbls oil: 72 Mcf Gas: 164 Bbls H2O: 19 GOR: 2278

Test Method: FLOWD UP CASING Casing PSI: 601 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1337 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7062 Tbg setting date: 05/11/2010 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: COMMINGLED

Treatment Date: 03/24/2010 Date of First Production this formation: _____

Perforations Top: 6790 Bottom: 6913 No. Holes: 28 Hole size: 42/100

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

PERF'D NIOBRARA "A" 6790'-6792' (4 HOLES), NIOBRARA "B" 6905'-6913' (24 HOLES). FRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 1548 BBLS SLICKWATER PAD, 143 BBLS PHASER 22# PAD, 2264 BBLS OF PHASER 22# FLUID SYSTEM, 238,480 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: _____

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: 6/8/2010 Email: LROBBINS@PETD.COM

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
2555472	FORM 5A SUBMITTED	LF@2505815 2555472

Total Attach: 1 Files