

**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:

2556130

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 05-123-26688-00 6. County: WELD
7. Well Name: LEFFLER Well Number: 41-27
8. Location: QtrQtr: NENE Section: 27 Township: 7N Range: 66W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 03/12/2010 Date of First Production this formation: 03/20/2010Perforations Top: 7097 Bottom: 7405 No. Holes: 28 Hole size: 36/100Provide a brief summary of the formation treatment: Open Hole: ☐

NIOBRARA "A" 7097-7099 (4 HOLES) NIOBRARA "B" 7223'-7229' (12 HOLES) AND CODELL 7399'-7405' (12 HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 917 BBLS SLICKWATER PAD, 717 BBLS PHASER 22# PAD, 2718 BBLS OF PHASER 22# FLUID SYSTEM, 334580 LBS IF 30/50 WGUTE SABD ABD 15500 LBS OF SD EXCEL 20/40 RESIN COATED PROPPANT.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/01/2009 Hours: 24 Bbls oil: 59 Mcf Gas: 61 Bbls H2O: 6Calculated 24 hour rate: Bbls oil: 29 Mcf Gas: 61 Bbls H2O: 6 GOR: 1034Test Method: FLOWING Casing PSI: 1225 Tubing PSI: 505 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 43Tubing Size: 2 + 3/8 Tubing Setting Depth: 7382 Tbg setting date: 03/22/2010 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: _____

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: 6/14/2010

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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2556130	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)