

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:

2512654

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 05-123-31288-00 6. County: WELD
 7. Well Name: Wells Ranch Well Number: 36S
 8. Location: QtrQtr: NWSE Section: 36 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 06/11/2010 Date of First Production this formation: 06/21/2010
 Perforations Top: 6368 Bottom: 6639 No. Holes: 28 Hole size: 34/100
 Provide a brief summary of the formation treatment: Open Hole:
 NIOBRARA"A"6368'-6370' (4 HOLES). NIOBRARA"B"6464'-6470'(12HOLES) AND CODELL 6633'-6639'(12HOLES)FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 917 BBLs SLICKWATER PAD, 717 BBLs 22# PAD, 2963 BBLs OF PHASER 22# FLUID SYSTEM, 334,840 LBS OF 30/50 WHITE SNA AND 16,000LBS OF SB EXCEL 20/40 RESIN CAOTED PROPPANT.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/01/2010 Hours: 24 Bbls oil: 46 Mcf Gas: 81 Bbls H2O: 2
 Calculated 24 hour rate: Bbls oil: 46 Mcf Gas: 81 Bbls H2O: 2 GOR: 1761
 Test Method: FLOWING Casing PSI: 1267 Tubing PSI: 262 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1410 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6618 Tbg setting date: 07/20/2010 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: 9/3/2010 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: 12/6/2010

Attachment Check List

Att Doc Num	Name
2512654	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)