

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2590507

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 05-123-30708-00 6. County: WELD
 7. Well Name: WELLS RANCH Well Number: 34-12
 8. Location: QtrQtr: SWSE Section: 12 Township: 5N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 08/13/2010 Date of First Production this formation: 08/19/2010
 Perforations Top: 6291 Bottom: 6545 No. Holes: 28 Hole size: 34/100
 Provide a brief summary of the formation treatment: Open Hole:
 NIOBRARA "A" 6291'-6293' (4 HOLES), NIOBRARA "C" 6370'-6376' (12 HOLES) AND CODELL 6539'-6545' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 921 BBLs SLICKWATER PAD, 717 BBLs PHASER 22# PAD, 2971 BBLs OF PHASER 22# FLUID SYSTEM, 334,440 LBS OF 30/50 WHITE SAND AND 16,000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/01/2010 Hours: 24 Bbls oil: 48 Mcf Gas: 68 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 68 Bbls H2O: 0 GOR: 1417
 Test Method: FLOWING Casing PSI: 1389 Tubing PSI: 308 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 API Gravity Oil: 44
 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

Title: ROBBINS Date: 10/25/2010 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: 2/7/2011

Attachment Check List

Att Doc Num	Name
2590507	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec form 5, in processing	2/7/2011 7:58:56 AM
Permit	req form 5 and cmt tkts	2/4/2011 10:17:47 AM

Total: 2 comment(s)