

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:
2590579

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 05-123-31566-00 6. County: WELD
7. Well Name: Ryland Well Number: 32-20D
8. Location: QtrQtr: SENW Section: 20 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/30/2010 Date of First Production this formation: 09/01/2010

Perforations Top: 7139 Bottom: 7441 No. Holes: 28 Hole size: 17/50

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

NIOBRARA "A" 7139-7141 (4 HOLES), NIOBRARA "B" 7233-7239 (12 HOLES) AND CODELL 7435-7441 (12 HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 917 BBLs SLICKWATER PAD, 714 BBLs PHASER 22# PAD, 2906 BBLs PHASER 22# FLUID SYSTEM, 334,540 LBS 30/50 WHITE SAND AND 16,000 LBS 20/40 SB EXCEL RESIN COATED PROPPANT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/01/2010 Hours: 24 Bbls oil: 62 Mcf Gas: 120 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 62 Mcf Gas: 120 Bbls H2O: 10 GOR: 1935

Test Method: FLOWING Casing PSI: 651 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 48

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: 10/28/2010

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: 2/7/2011

Attachment Check List

Att Doc Num	Name
2590579	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)