

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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Document Number:

2590579

**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 05-123-31566-00 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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/30/2010</u>	Date of First Production this formation: <u>09/01/2010</u>
Perforations Top: <u>7139</u> Bottom: <u>7441</u>	No. Holes: <u>28</u> Hole size: <u>17/50</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>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.</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/01/2010</u> Hours: <u>24</u> Bbls oil: <u>62</u> Mcf Gas: <u>120</u> Bbls H2O: <u>10</u>	
Calculated 24 hour rate: Bbls oil: <u>62</u> Mcf Gas: <u>120</u> Bbls H2O: <u>10</u> GOR: <u>1935</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>651</u> Tubing PSI: <u>        </u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1244</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>        </u> Tubing Setting Depth: <u>        </u> Tbg setting date: <u>        </u> Packer Depth: <u>        </u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u>        </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>        </u>	
Bridge Plug Depth: <u>        </u> Sacks cement on top: <u>        </u>	

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  
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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
2590579	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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Total: 0 comment(s)