

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400149733

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
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-22360-00
6. County: WELD
7. Well Name: LAWLEY Well Number: 43-4
8. Location: QtrQtr: NESE Section: 4 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/26/2011 Date of First Production this formation:

Perforations Top: 7056 Bottom: 7068 No. Holes: 48 Hole size:

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

RePerf'd Codell 7056-64' (24 new holes) (Original perfs 7058-68, 24 holes)
Re-Frac'd Codell w/ 596 bbls of 26# pHaser pad, 1980 bbls of 26# pHaser, 217740# 20/40 Preferd Rock, 8000 lbs of AcFrac 20/40 SB Excel.

This formation is commingled with another formation: [X] Yes [ ] No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 02/02/2011

Perforations Top: 6792 Bottom: 7068 No. Holes: 76 Hole size: \_\_\_\_\_

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

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/05/2011 Hours: 24 Bbls oil: 29 Mcf Gas: 75 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 29 Mcf Gas: 75 Bbls H2O: 8 GOR: 2586

Test Method: Flowing Casing PSI: 800 Tubing PSI: 325 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1360 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7032 Tbg setting date: 03/01/2011 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 02/02/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6492 Bottom: 6948 No. Holes: 28 Hole size: \_\_\_\_\_

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

Perf'd Niobrara "A" 6792'-94' (4 holes), Niobrara "C" 6936'-40' and 6944'-48" (24 holes)  
ReFrac'd Niobrara with 1548 bbls of Slickwater pad, 143 bbls of pHaser 22# pad, 2133 bbls of pHaser 22# fluid system and 218560 lbs of 30/50 white sand, 12000 # 20/40 SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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: Jeff Glossa

Title: Sr Engineering Tech Date: \_\_\_\_\_ Email: jglossa@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)