

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:

400151059

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

5. API Number 05-123-22346-00 6. County: WELD
 7. Well Name: ERICKSON Well Number: 34-4
 8. Location: QtrQtr: SWSE Section: 4 Township: 6N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 02/16/2011 Date of First Production this formation: _____
 Perforations Top: 7092 Bottom: 7100 No. Holes: 54 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Re-perf'd Codell 7092-7100 (24 holes) Original perf 7092'- 7100' (30 holes)
 Re-frac'd with 595 26# pHaser pad, 1999 bbls of pHaser 26# pad, 217320 # 20/40, 8000# 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 02/22/2011

Perforations Top: 6792 Bottom: 7100 No. Holes: 107 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/15/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 54 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 54 Bbls H2O: 5 GOR: 1350

Test Method: Flowing Casing PSI: 890 Tubing PSI: 350 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7076 Tbg setting date: 03/07/2011 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: 02/16/2011 Date of First Production this formation: _____

Perforations Top: 6792 Bottom: 7016 No. Holes: 53 Hole size: _____

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

Re-perf'd Niobrara "A" 6797-99' (4 new holes), Niobrara "B" 6924-32' (24new holes)
 Re-Frac'd Niobrara with 120 bbls of FE-1A pad, 1548 bbls of Slickwater pad, 143 bbls of pHaser 20# pad, 2177 bbls of pHaser 20# fluid system and 238160 lbs of 20/40 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: jpglossa@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)