

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:

400155223

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 05-123-22683-00
6. County: WELD
7. Well Name: J&L FARMS Well Number: 31-19
8. Location: QtrQtr: NWNE Section: 19 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 03/16/2011 Date of First Production this formation:
Perforations Top: 6796 Bottom: 6805 No. Holes: 48 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Re-Perf Codell 6796-6804' (24 new holes), original Codell perf 6797- 6805 (24holes)
Re-Frac'd Codell W/ 119 bbl Active pad, 595 bbls of pHaser 26# pad, 1997 bbls of pHaser 26# fluid system, 217780# of 30/50, 8000# 20/40 SD 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: 03/25/2011

Perforations Top: 6624 Bottom: 6802 No. Holes: 72 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/29/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 29 Bbls H2O: 13

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 29 Bbls H2O: 13 GOR: 2071

Test Method: Flowing Casing PSI: 850 Tubing PSI: 425 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6778 Tbg setting date: 03/21/2011 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: 03/16/2011 Date of First Production this formation: _____

Perforations Top: 6624 Bottom: 6632 No. Holes: 24 Hole size: _____

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

Niobrara "B" 6624-6632' (24 holes)
Frac'd Niobrara W/ 1548 bbls of slickwater pad, 144 bbls of pHaser 20# pad, 2302 bbls of pHaser 20# fluid system, 238700# 30/50, 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)