

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 2592960				
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: <u>69175</u>	4. Contact Name: <u>LARRY ROBBINS</u>
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 860-5822</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

5. API Number <u>05-123-32076-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Rickards</u>	Well Number: <u>41-10H</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>KRIEGER</u> Field Code: <u>47570</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/16/2010</u>	Date of First Production this formation: <u>12/06/2010</u>
Perforations Top: <u>6836</u> Bottom: <u>10409</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input checked="" type="checkbox"/>

FRAC'D NIOBRARA USING 15701 BBLs SLICKWATER PAD, 36167 BBLs OF PHASER 22# PAD, 33121 BBLs OF PHASER 22# FLUID SYSTEM, 3372975 LBS OF 20/40 WHITE SAND AND 192000 OF SB EXCEL 20/40 RESIN COATED PROPPANT.

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>01/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>155</u>	Mcf Gas: <u>483</u>	Bbls H2O: <u>180</u>
Calculated 24 hour rate:	Bbls oil: <u>155</u>	Mcf Gas: <u>483</u>	Bbls H2O: <u>180</u>	GOR: <u>3116</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>700</u>	Tubing PSI: <u>306</u>	Choke Size: <u>30/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>38</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5388</u>	Tbg setting date: <u>12/02/2010</u>	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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: SRE ENGINEERING TECH Date: 1/17/2011 Email JGLOSSA@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592960	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)