


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2592964</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>69175</u>		4. Contact Name: <u>JEFF GLOSS</u>					
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 831-3972</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>05-123-31816-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Guttersen</u>		Well Number: <u>25KD</u>					
8. Location: QtrQtr: <u>SENW</u>	Section: <u>25</u>	Township: <u>3N</u>	Range: <u>64W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/03/2010</u>		Date of First Production this formation: <u>11/17/2010</u>					
Perforations Top: <u>6816</u>	Bottom: <u>7045</u>	No. Holes: <u>24</u>	Hole size: <u>34/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NIOBRARA "B" 6816'-6822' (12 HOLES), CODELL 7039'-7045' (12 HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 918 BBLs SLICKWATER PAD, 722 BBLs PHASER 22# PAD, 2949 BBLs OF PHASER 22# FLUID SYSTEM AND 350220 LBS OF 30/50 WHITE SAND.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>01/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>27</u>	Mcf Gas: <u>2</u> Bbls H2O: <u>7</u>				
Calculated 24 hour rate:		Bbls oil: <u>27</u>	Mcf Gas: <u>2</u> Bbls H2O: <u>7</u> GOR: <u>65</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>296</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>47</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

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: JGLOSSA@PETD.COM Date: 1/24/2011 Email JGLOSSA@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592964	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)