


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;">2592490</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
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) 860-8522</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>05-123-31887-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Ryland</u>		Well Number: <u>42-20D</u>					
8. Location: QtrQtr: <u>NWNW</u>	Section: <u>21</u>	Township: <u>4N</u>	Range: <u>67W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>CORCORAN</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>10/06/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>7452</u>	Bottom: <u>7460</u>	No. Holes: <u>24</u>	Hole size: <u>36/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
FRAC'D CODELL WITH 477 BBLS SLICKWATER PAS, 144 BBLS OF PHASER 22# PAD, 1983 BBLS OF PHASER 22# FLUID SYSTEM, AND 225020 LBS OF 30/50 WHITE SAND.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____					

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>10/03/2010</u>		Date of First Production this formation: <u>10/21/2010</u>			
Perforations	Top: <u>7126</u>	Bottom: <u>7460</u>	No. Holes: <u>62</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>11/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>88</u>	Mcf Gas: <u>342</u>	Bbls H2O: <u>42</u>	
Calculated 24 hour rate:		Bbls oil: <u>88</u>	Mcf Gas: <u>342</u>	Bbls H2O: <u>42</u>	GOR: <u>3886</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>288</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1301</u>	API Gravity Oil: <u>50</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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/03/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7126</u>	Bottom: <u>7227</u>	No. Holes: <u>28</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF'D NIOBRARA "A" 716'-7128' (4 HOLES). nIOBRARA "B" 7129'-7227' (4 HOLES) FRAC'D NIOBRARA WITH 24 BBLS OF 15% HCL, 1551 BBLS SLICKWATER PAD, 145 BBLS OF PHASER 20# PAD, 2238 BBLS OF PHASER 20# FLUID SYSTEM AND 250250 LBS OF 30/50 WHITE SAND.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:					
<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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 12/16/2010 Email LROBBONS@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592490	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)