

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>2591328</b> </div>				
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>05-123-30709-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WELLS RANCH</u>	Well Number: <u>33-12</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>12</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/19/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>6288</u> Bottom: <u>6551</u>	No. Holes: <u>28</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NIOBRARA "A" 6288'-6290' (4 HOLES), NIBRARA "B" 6375-6381' (12 HOLES) AND CODELL 6465'-6551' (12 HOLES) GTAC'D NOBRARA/CODELL USING 1000 GALS 15% HCL, 918 BBLS SLICKWATER PAD, 716 BBLS PHASER 22# PAD, 2945 BBLS OF PHASER 22# FLUIS SYSTEM AND 350,960 LBS OF 30/50/WHITE SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/01/2010</u> Hours: <u>24</u> Bbls oil: <u>69</u> Mcf Gas: <u>68</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>69</u> Mcf Gas: <u>68</u> Bbls H2O: <u>0</u> GOR: <u>986</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1169</u> Tubing PSI: <u>322</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1258</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6532</u> Tbg setting date: <u>09/23/2010</u> 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:

**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: 11/22/2010 Email LROBBINS@PETD.COM  
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**Attachment Check List**

Att Doc Num	Name
2591328	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)