

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 2592738
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>05-123-19431-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STATE WELLS</u>	Well Number: <u>14-4</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>4</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>09/02/2010</u>
Perforations Top: <u>6535</u> Bottom: <u>6797</u>	No. Holes: <u>92</u> Hole size: <u>27/100</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>10/01/2010</u> Hours: <u>24</u> Bbls oil: <u>38</u> Mcf Gas: <u>131</u> Bbls H2O: <u>7</u>	
Calculated 24 hour rate: Bbls oil: <u>38</u> Mcf Gas: <u>131</u> Bbls H2O: <u>7</u> GOR: <u>3447</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>800</u> Tubing PSI: <u>450</u> Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1321</u> API Gravity Oil: <u>47</u>	
Tubing Size: <u>1 + 1/2</u> Tubing Setting Depth: <u>6777</u> Tbg setting date: <u>09/02/2001</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/19/2010 Date of First Production this formation: _____

Perforations Top: 6535 Bottom: 6638 No. Holes: 28 Hole size: 27/100

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

NIOBRARA "A" PERFS 6535'-6537' (4 HOLES), NIOBRARA "B" PERFS 6630'-6638' (24 SHOTS)
FRAC'D NIOBRARA WITH 24 BBLs OF 15% HCL, 1527 BBLs OF SLICKWATER PAD, 156 BBLs OF PHASER 223 PAD, 2199 BBLs OF PHASER 22# FLUID SYSTEM AND 252,560 LBS OF 30/50 WHITE SAND.

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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 12/13/2010 Email LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Name
2592738	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)