

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



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Document Number:

400150293

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: 69175
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-32126-00
6. County: WELD
7. Well Name: Carlson
Well Number: 14-2D
8. Location: QtrQtr: SESW Section: 2 Township: 6N Range: 66W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/08/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7665</u> Bottom: <u>7673</u>	No. Holes: <u>24</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Codell with 477bbls of slickwater pad, 144 bbls of pHaser 22# pad, 1970 bbls of pHaser 22# fluid system, 217653 lbs of 20/40, and 8000 lbs 20/40 SB Excel.	
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: _____ _____	
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> </u>		Date of First Production this formation: <u> 01/24/2011 </u>			
Perforations	Top: <u> 7372 </u>	Bottom: <u> 7673 </u>	No. Holes: <u> 52 </u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u> 03/01/2011 </u>	Hours: <u> 24 </u>	Bbls oil: <u> 24 </u>	Mcf Gas: <u> 37 </u>	Bbls H2O: <u> 4 </u>	
Calculated 24 hour rate:		Bbls oil: <u> 24 </u>	Mcf Gas: <u> 37 </u>	Bbls H2O: <u> 4 </u>	GOR: <u> 1542 </u>
Test Method: <u> Flowing </u>	Casing PSI: <u> 1177 </u>	Tubing PSI: <u> 261 </u>	Choke Size: <u> 16/64 </u>		
Gas Disposition: <u> SOLD </u>	Gas Type: <u> WET </u>	BTU Gas: <u> 1290 </u>	API Gravity Oil: <u> 45 </u>		
Tubing Size: <u> 2 + 3/8 </u>	Tubing Setting Depth: <u> 7649 </u>	Tbg setting date: <u> 03/25/2011 </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: <u> NIOBRARA </u>				Status: <u> COMMINGLED </u>	
Treatment Date: <u> 01/08/2011 </u>		Date of First Production this formation: <u> </u>			
Perforations	Top: <u> 7372 </u>	Bottom: <u> 7507 </u>	No. Holes: <u> 28 </u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Perf'd Niobrara "A" 7372'-74" (4 holes), Niobrara "B" 7499'-7507' (24 holes), Frac'd Niobrara with 1548 bbls Slickwater pad, 145 bbls of pHaser 20# pad, 2281 bbls of pHaser 20# fluid system, 239176 lbs of 20/40, 12000 lbs 20/40 SB Excel. </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>		
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

Comment:
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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: Sr Engineering Tech Date: 4/5/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400150293	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)