

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

Document Number:
400158042

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

5. API Number 05-123-31890-00 6. County: WELD
7. Well Name: EEE Well Number: 21NDU
8. Location: QtrQtr: NWNW Section: 21 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/08/2010 Date of First Production this formation: _____
Perforations Top: 7744 Bottom: 7752 No. Holes: 24 Hole size: _____

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

Frac'd Codell with 477 bbls of slickwater pad, 142 bbls of pHaser 22# pad, 1952 bbls of pHaser 22# fluid system and 211999 lbs of 30/50 white sand, 12908 20/40 SB Excel

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: _____

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 12/29/2010

Perforations Top: 7432 Bottom: 7752 No. Holes: 52 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/28/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 61 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 14 Mcf Gas: 61 Bbls H2O: 4 GOR: 4357

Test Method: Flowing Casing PSI: 1386 Tubing PSI: 990 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7731 Tbg setting date: 02/15/2011 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: _____

FORMATION: NIORRARA Status: COMMINGLED

Treatment Date: 10/08/2010 Date of First Production this formation: _____

Perforations Top: 7432 Bottom: 7520 No. Holes: 28 Hole size: _____

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

Perf'd Niobrara "A" 7432-34' (4 holes), Niobrara "B" 7520-28 (24 holes)
 Frac'd Niobrara w/ 1548 bbls Slickwater pad, 143 bbls of pHaser 22# pad, 2274 bbls of pHaser 22# fluid system and 239680 lbs of 20/40 white sand. 12000# 20/40 SB Excel

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: Jeff Glossa

Title: Sr Engineering Tech Date: 4/26/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400158042	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)