


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">2592970</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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>69175</u></td> <td style="width: 50%;">4. Contact Name: <u>JEFF GLOSSA</u></td> </tr> <tr> <td>2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u></td> <td>Phone: <u>(303) 831-3972</u></td> </tr> <tr> <td>3. Address: <u>1775 SHERMAN STREET - STE 3000</u></td> <td>Fax: <u>(303) 860-5838</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>69175</u>	4. Contact Name: <u>JEFF GLOSSA</u>	2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 831-3972</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>	
1. OGCC Operator Number: <u>69175</u>	4. Contact Name: <u>JEFF GLOSSA</u>										
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 831-3972</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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-20060-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>J&L FARMS</u></td> <td>Well Number: <u>23-29</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NESW</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-20060-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>J&L FARMS</u>	Well Number: <u>23-29</u>	8. Location: QtrQtr: <u>NESW</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	
5. API Number <u>05-123-20060-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>J&L FARMS</u>	Well Number: <u>23-29</u>										
8. Location: QtrQtr: <u>NESW</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>											
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>CODELL</u></td> <td style="width: 40%;">Status: <u>COMMINGLED</u></td> </tr> </table>				FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>						
FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>										
Treatment Date: <u>11/04/2010</u> Date of First Production this formation: _____											
Perforations Top: <u>6757</u> Bottom: <u>6766</u> No. Holes: <u>48</u> Hole size: <u>34/100</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> REPERF CODELL 6757-6766' (24 HOLES) ORIGINAL CODELL PERF'D 6758'-6766' (24 HOLES) REFRAC'D CODELL W/715 BBLS OF 26# PHASER PAD, 2009 BBLS OF PHASER 26# FLUID SYSTEM, 225000 LBS OF 30/50 WHITE SAND </div>											
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: _____											

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>11/09/2010</u>		Date of First Production this formation: <u>12/03/2010</u>			
Perforations	Top: <u>6490</u>	Bottom: <u>6766</u>	No. Holes: <u>76</u>	Hole size: <u>34/100</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>01/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>41</u>	Mcf Gas: <u>3</u>	Bbls H2O: <u>10</u>	
Calculated 24 hour rate:		Bbls oil: <u>41</u>	Mcf Gas: <u>3</u>	Bbls H2O: <u>10</u>	GOR: <u>84</u>
Test Method: <u>FLOWING</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>46</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6780</u>	Tbg setting date: <u>10/23/2010</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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/09/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6490</u>	Bottom: <u>6602</u>	No. Holes: <u>28</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF NIOBRARA "A" 6490'-6492' (4 HOLES) AND NIOBRARA "B" 6594-6602' (24 HOLES) FRAC'D NIOBRARA USING 24 BBLs 15% HCL, 1547 BBLs OF SLICKWATER PAD, 160 BBLs OF PHASER 22# PAD, 2035 BBLs OF PHASER 22# FLUID SYSTEM AND 252560 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: JEFF GLOSSA

Title: SR ENGINEERING TECH Date: 1/21/2011 Email JGLOSSA@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592970	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)