

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%;">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				
COMPLETED INTERVAL REPORT			Document Number: 2592970				
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>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>	

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>	

Completed Interval

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"/>
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	
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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/09/2010 Date of First Production this formation: 12/03/2010

Perforations Top: 6490 Bottom: 6766 No. Holes: 76 Hole size: 34/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/01/2011 Hours: 24 Bbls oil: 41 Mcf Gas: 3 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 41 Mcf Gas: 3 Bbls H2O: 10 GOR: 84

Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6780 Tbg setting date: 10/23/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 11/09/2010 Date of First Production this formation: _____

Perforations Top: 6490 Bottom: 6602 No. Holes: 28 Hole size: 35/100

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

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: 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: _____

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)