


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> Document Number: <div style="text-align: center; font-weight: bold;">400176087</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.							

1. OGCC Operator Number: <u>69175</u> 2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u> 3. Address: <u>1775 SHERMAN STREET - STE 3000</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	4. Contact Name: <u>Jeff Glossa</u> Phone: <u>(303) 831-3972</u> Fax: <u>(303) 860-5838</u>
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5. API Number <u>05-123-31907-00</u> 7. Well Name: <u>Noffsinger</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>2</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>2SD</u>
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Completed Interval	
FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/27/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7122</u> Bottom: <u>7130</u> No. Holes: <u>24</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;"> Frac'd Codell with 634 bbls of slickwater pad, 425 bbls of pHaser 22# pad, 1989 bbls of pHaser 22# fluid system, 217020 lbs of 20/40 Preferd rock and 8000 lbs of SB Excel 20/40 SB Excel. </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>01/27/2011</u>		Date of First Production this formation: <u>01/14/2011</u>			
Perforations	Top: <u>6875</u>	Bottom: <u>7130</u>	No. Holes: <u>52</u>	Hole size: _____	
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>02/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>48</u>	Mcf Gas: <u>206</u>	Bbls H2O: <u>2</u>	
Calculated 24 hour rate:		Bbls oil: <u>48</u>	Mcf Gas: <u>206</u>	Bbls H2O: <u>2</u>	GOR: <u>4292</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>865</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1307</u>	API Gravity Oil: <u>53</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
<input type="text"/>					
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>01/27/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6875</u>	Bottom: <u>7026</u>	No. Holes: <u>28</u>	Hole size: <u>42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf'd Niobrara "A" 6875-6877' (4 holes), Niobrara "B" 6954-6962' (24 holes) Frac'd with 24 bbl 25% acid, 1825 bbl slickwater pad, 144 bbls of pHaser 22# pad, 2843 bbls of pHaser 20# fluid system, 338100 lbs of 20/40 Preferd Rock, 12000 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:					
<input type="text"/>					
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:
<input type="text"/>

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: 6/16/2011 Email jglossa@petd.com
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Attachment Check List

Att Doc Num	Name
400176087	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)