


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400153123</div>								
<p>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.</p>											
<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>	
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Treatment Date: <u>02/20/2011</u>	Date of First Production this formation: _____										
Perforations Top: <u>7085</u> Bottom: <u>7094</u>	No. Holes: <u>48</u> Hole size: _____										
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
Re-perf Codell 7085-93 (24 Holes) Original perfs 7086-94 (24 holes) Frac'd w/ 119 bbl Active pad, 598 bbl 26#pHaser pad, 2020 bbl 26# pHaser fluid system, (218300 lbs 20/40 Preferred Rock) (8000 lbs 20/40 SB Excel)											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
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: <u>  NIOBRARA-CODELL  </u>				Status: <u>  PRODUCING  </u>	
Treatment Date: <u>  02/20/2011  </u>		Date of First Production this formation: <u>  03/15/2011  </u>			
Perforations	Top: <u>  6799  </u>	Bottom: <u>  7094  </u>	No. Holes: <u>  76  </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					
<b>Test Information:</b>					
Date: <u>  04/01/2011  </u>	Hours: <u>  24  </u>	Bbls oil: <u>  41  </u>	Mcf Gas: <u>  40  </u>	Bbls H2O: <u>  13  </u>	
Calculated 24 hour rate:		Bbls oil: <u>  41  </u>	Mcf Gas: <u>  40  </u>	Bbls H2O: <u>  13  </u>	GOR: <u>  975  </u>
Test Method: <u>  Flowing  </u>		Casing PSI: <u>  1100  </u>	Tubing PSI: <u>  900  </u>	Choke Size: <u>  16/64  </u>	
Gas Disposition: <u>  SOLD  </u>		Gas Type: <u>  WET  </u>	BTU Gas: <u>  1237  </u>	API Gravity Oil: <u>  41  </u>	
Tubing Size: <u>  2 + 3/8  </u>		Tubing Setting Depth: <u>  7071  </u>	Tbg setting date: <u>  03/15/2011  </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>  02/20/2011  </u>		Date of First Production this formation: <u>          </u>			
Perforations	Top: <u>  6799  </u>	Bottom: <u>  6928  </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" 6799-6801' (4 holes), Niobrara "B" 6920-6928' (24 holes) Niobrara would not take fluid</div>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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:					
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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: 4/12/2011 Email jglossa@petd.com  
:

### **Attachment Check List**

Att Doc Num	Name
400153123	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)