


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;">400157550</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>05-123-21803-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>WELLS RANCH</u></td> <td>Well Number: <u>42-5</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SENE</u> Section: <u>5</u> Township: <u>5N</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>05-123-21803-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>WELLS RANCH</u>	Well Number: <u>42-5</u>	8. Location: QtrQtr: <u>SENE</u> Section: <u>5</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	
5. API Number <u>05-123-21803-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>WELLS RANCH</u>	Well Number: <u>42-5</u>										
8. Location: QtrQtr: <u>SENE</u> Section: <u>5</u> Township: <u>5N</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: 50%;">FORMATION: <u>CODELL</u></td> <td style="width: 50%;">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>03/22/2011</u> Date of First Production this formation: _____											
Perforations Top: <u>6767</u> Bottom: <u>66006777</u> No. Holes: <u>2848</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
Re-perf'd Codell 6767-75 (24 holes) Original perf 6771-77' (24 holes) Re-stimulate W/ 754 bbl 26# pHaser pad, 1985 bbl 26# pHaser fluid system, 217540# 20/40 Preferd Rock, 8000# 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: _____											
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>03/22/2011</u>		Date of First Production this formation: <u>04/06/2011</u>	
Perforations	Top: <u>6493</u> Bottom: <u>6777</u>	No. Holes: <u>76</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Re-perf'd Codell 6767-75 (24 holes) Original perf 6771-77' (24 holes) Re-stimulate W/ 754 bbl 26# pHaser pad, 1985 bbl 26# pHaser fluid system, 217540# 20/40 Preferd Rock, 8000# 20/40 SB Excel Perf'd NBRR "A" 6493'-95 (4 holes) NBRR "B" 6592'-6600' (24 holes) Frac's w/ 119 bbl FE-1A Pad, 1347 bbl Slickwater Pad, 143 bbl pHaser 20# pad, 2192 bbl pHaser 20# slurry, 239140# 20/40 Prefer'd Rock, 12000# 20/40 SB Excel			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/22/2011</u>	Hours: <u>24</u>	Bbls oil: <u>20</u>	Mcf Gas: <u>83</u> Bbls H2O: <u>14</u>
Calculated 24 hour rate:		Bbls oil: <u>20</u>	Mcf Gas: <u>83</u> Bbls H2O: <u>14</u> GOR: <u>4150</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>800</u>	Tubing PSI: <u>580</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1373</u>	API Gravity Oil: <u>48</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6752</u>	Tbg setting date: <u>04/04/2011</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>03/22/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6493</u> Bottom: <u>6600</u>	No. Holes: <u>28</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Perf'd NBRR "A" 6493'-95 (4 holes) NBRR "B" 6592'-6600' (24 holes) Frac's w/ 119 bbl FE-1A Pad, 1347 bbl Slickwater Pad, 143 bbl pHaser 20# pad, 2192 bbl pHaser 20# slurry, 239140# 20/40 Prefer'd 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: <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>

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: 4/25/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400157550	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)