

| | | | | | | | |
|---|--|---|---|----|----|----|----|
| 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: <p style="text-align: center; font-weight: bold;">400157310</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. | | | | | | | |

| | |
|---|-------------------------------------|
| 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>05-123-22347-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>CECIL</u> | Well Number: <u>13-1</u> |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>1</u> Township: <u>6N</u> Range: <u>64W</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>03/21/2011</u> | Date of First Production this formation: _____ |
| Perforations Top: <u>6955</u> Bottom: <u>6966</u> No. Holes: <u>48</u> Hole size: _____ | |
| Provide a brief summary of the formation treatment: _____ | Open Hole: <input type="checkbox"/> |

RePerf Codell 6955'-6963 (24 holes) Original perms 6958-6966 (24 holes) Refrac'd Codell w/ 590 bbls of 26# pHaser pad, 1982 bbls 26# pHaser fluid system, 221040 lbs of 20/40 Preferd Rock and 8000 lbs 20/40 SB Excel.

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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/21/2011 Date of First Production this formation: _____

Perforations Top: 6665 Bottom: 6966 No. Holes: 96 Hole size: _____

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

RePerf Codell 6955'-6963' (24 holes) Original perms 6958'-6966' (24 holes) Refrac'd Codell w/ 590 bbls of 26# pHaser pad, 1982 bbls 26# pHaser fluid system, 221040 lbs of 20/40 Preferd Rock and 8000 lbs 20/40 SB Excel.
Perf Niobrara "A" 6665'-6667' (4 holes) and Niobrara "B" 6788'-6796" (24 holes) Frac'd Niobrara W/ 1447 bbls of slickwater pad, 142 bbls of 20# pHaser pad, 2225 bbls of 20# pHaser fluid system, 2416400 lbs of 20/40, 12000 lbs 20/40 SB Excel 20/40.

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: 2 + 3/8 Tubing Setting Depth: 6941 Tbg setting date: 03/28/2011 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: 03/21/2011 Date of First Production this formation: _____

Perforations Top: 6665 Bottom: 6796 No. Holes: 48 Hole size: _____

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

Perf Niobrara "A" 6665'-6667' (4 holes) and Niobrara "B" 6788'-6796" (24 holes) Frac'd Niobrara W/ 1447 bbls of slickwater pad, 142 bbls of 20# pHaser pad, 2225 bbls of 20# pHaser fluid system, 2416400 lbs of 20/40, 12000 lbs 20/40 SB Excel 20/40.

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: 6/2/2011 Email kglossa@petd.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400157310 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)