IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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

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Document Number: 400157294

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: 69175
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-22343-00
6. County: WELD
7. Well Name: COCKROFT
Well Number: 43-11
8. Location: QtrQtr: NESE Section: 11 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/18/2011 Date of First Production this formation:

Perforations Top: 6874 Bottom: 6888 No. Holes: 48 Hole size:

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

RePerf Codell 6878'-6886' (24 holes) Original prefs 6880'-6888' (24 holes) Refrac'd Codell w/ 597 bbls of 26# pHaser pad, 2005 bbls of pHaser 26# fluid system, 219140 lbs of 20/40 Prefrd 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:

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FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: Date of First Production this formation: 03/30/2011

Perforations Top: 6599 Bottom: 6888 No. Holes: 96 Hole size:

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

RePerf Codell 6878'-6886' (24 holes) Original prefs 6880'-6888' (24 holes) Refrac'd Codell w/ 597 bbls of 26# pHaser pad, 2005 bbls of pHaser 26# fluid system, 219140 lbs of 20/40 Prefrd Rock and 8000 lbs 20/40 SB Excel.
Perf Niobrara "A" 6599'-6601' (6 holes) and Niobrara "B" 6711'-6719' (24 holes) Niobrara "C" 6784'-6790' (18 holes) Frac'd Niobrara using 119 bbl FE-1A pad, 1771 bbls of slickwater pad, 144 bbls of 20# pHaser pad, 2726 bbls of 20# pHaser fluid system, 338600# 20/40 Preferd Rock, 12000# 20/40 SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/20/2011 Hours: 24 Bbls oil: 31 Mcf Gas: 119 Bbls H2O: 25

Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 119 Bbls H2O: 25 GOR: 3839

Test Method: Flowing Casing PSI: 980 Tubing PSI: 450 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1466 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6863 Tbg setting date: 03/23/2011 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: 03/18/2011 Date of First Production this formation:

Perforations Top: 6599 Bottom: 6790 No. Holes: 48 Hole size:

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

Perf Niobrara "A" 6599'-6601' (6 holes) and Niobrara "B" 6711'-6719' (24 holes) Niobrara "C" 6784'-6790' (18 holes) Frac'd Niobrara using 119 bbl FE-1A pad, 1771 bbls of slickwater pad, 144 bbls of 20# pHaser pad, 2726 bbls of 20# pHaser fluid system, 338600# 20/40 Preferd Rock, 12000# 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:

Comment:

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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: 4/22/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Name
400157294	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)