


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				
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400177188</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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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
Re-Perf Codell 6576-6584 (24 new holes) Original perf 6576-6584' (24 holes) Re-Frac'd Codell w/ 600 bbls of 26# pHaser pad, 2006 bbls of 26# pHaser, 217706# 20/40 , 8000 lbs 20/40 SB Excel Perf Niobrara Niobrara "B" 6398-6406' (24 holes) Frac'd Niobrara W/ 119 bbl active pad, 1167 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 2211 bbls 22# pHaser, 235627# 20/40, 13028 20/40 SB Excel											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: <u>04/29/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>90</u></td> <td>Mcf Gas: <u>70</u></td> <td>Bbls H2O: <u>34</u></td> </tr> </table>				Date: <u>04/29/2011</u>	Hours: <u>24</u>	Bbls oil: <u>90</u>	Mcf Gas: <u>70</u>	Bbls H2O: <u>34</u>			
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<table style="width: 100%;"> <tr> <td>Tubing Size: <u>2 + 3/8</u></td> <td>Tubing Setting Depth: <u>6562</u></td> <td>Tbg setting date: <u>05/27/2011</u></td> <td>Packer Depth: _____</td> </tr> </table>				Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6562</u>	Tbg setting date: <u>05/27/2011</u>	Packer Depth: _____				
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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>											

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: 6/20/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400177188	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)