

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: <div style="text-align: center; font-weight: bold;">400163710</div>				
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>05-123-32321-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Anderson</u>	Well Number: <u>2K</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>2</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>03/10/2011</u>
Perforations Top: <u>7040</u> Bottom: <u>7349</u>	No. Holes: <u>52</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
Perf Niobrara "A" 7040-42' (4 holes), Niobrara "B" 7165-73' (24 holes) Frac'd Niobrara 119 bbl FE-1A Pad, 1448 bbls Slickwater pad, 144 bbls 20# pHaser pad, 2090 bbls 20# pHaser fluid system, 238520 lbs of 20/40 Preferd Rock and 12000 lbs of SB Excel 20/40 resin coated proppant. Frac'd Codell with 477 bbl Slickwater Pad, 142 bbls of 22# pHaser pad, 1939 bbls 22# pHaser fluid system, 218330 lbs of 20/40 Preferd Rock and 8000 lbs of SB Excel 20/40 resin coated proppant.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/31/2011</u> Hours: <u>24</u> Bbls oil: <u>23</u> Mcf Gas: <u>67</u> Bbls H2O: <u>3</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>23</u> Mcf Gas: <u>67</u> Bbls H2O: <u>3</u> GOR: <u>2913</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1564</u> Tubing PSI: <u>1240</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1338</u> API Gravity Oil: <u>43</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7326</u> Tbg setting date: <u>04/02/2011</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: _____	

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: 6/8/2011 Email kglossa@petd.com
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Attachment Check List

Att Doc Num	Name
400163710	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)