

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: 400164175				
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>05-123-32326-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Leffler</u>	Well Number: <u>2SD</u>
8. Location: QtrQtr: <u>NWSE</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>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/21/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7447</u> Bottom: <u>7453</u>	No. Holes: <u>24</u> Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
Frac'd Codell with 477 bbl slickwater pad, 143 bbls 22# pHaser pad, 1961 bbls 22# pHaser fluid system, 218060 lbs of 20/40 Preferd Rock, 8000 lbs	

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: _____ Date of First Production this formation: 03/14/2011

Perforations Top: 7154 Bottom: 7453 No. Holes: 52 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/31/2011 Hours: 24 Bbls oil: 86 Mcf Gas: 87 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 86 Mcf Gas: 87 Bbls H2O: 9 GOR: 1011

Test Method: Flowing Casing PSI: 1012 Tubing PSI: 395 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7427 Tbg setting date: 03/05/2011 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: 02/21/2011 Date of First Production this formation: _____

Perforations Top: 7154 Bottom: 7189 No. Holes: 28 Hole size: _____

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

Perf Niobrara "A" 7154'-56' (4 holes), Niobrara "B" 7279'-7289' (28 holes)
Frac'd Niobrara with 119 bbl FE-1A pad, 1547 bbls Slickwater pad, 149 bbls 20# pHaser pad, 2326 bbls 20#pHaser fluid system, 238760 lbs of 20/40 Preferd Rock, 12000 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: _____

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: 5/12/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400164175	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)