


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> Document Number: <div style="text-align: center; font-weight: bold;">400167230</div>	DE	ET	OE	ES																					
DE	ET	OE	ES																									
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.																												
<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>																		
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>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-31154-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>Binder</u></td> <td>Well Number: <u>10-NDU</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SENW</u> Section: <u>10</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-31154-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>Binder</u>	Well Number: <u>10-NDU</u>	8. Location: QtrQtr: <u>SENW</u> Section: <u>10</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>																		
5. API Number <u>05-123-31154-00</u>	6. County: <u>WELD</u>																											
7. Well Name: <u>Binder</u>	Well Number: <u>10-NDU</u>																											
8. Location: QtrQtr: <u>SENW</u> Section: <u>10</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>																												
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>																												
<u>Completed Interval</u>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> </table>				FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>																							
FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>																											
<table style="width: 100%;"> <tr> <td style="width: 50%;">Treatment Date: <u>01/25/2011</u></td> <td style="width: 50%;">Date of First Production this formation: _____</td> </tr> <tr> <td>Perforations Top: <u>7339</u> Bottom: <u>7347</u> No. Holes: <u>24</u> Hole size: _____</td> <td></td> </tr> <tr> <td colspan="2">Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/></td> </tr> </table>				Treatment Date: <u>01/25/2011</u>	Date of First Production this formation: _____	Perforations Top: <u>7339</u> Bottom: <u>7347</u> No. Holes: <u>24</u> Hole size: _____		Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																				
Treatment Date: <u>01/25/2011</u>	Date of First Production this formation: _____																											
Perforations Top: <u>7339</u> Bottom: <u>7347</u> No. Holes: <u>24</u> Hole size: _____																												
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																												
<div style="border: 1px solid black; padding: 5px;"> Frac'd Codell with 477 bbls of slickwater pad, 143 bbls of pHaser 22# pad, 1974 bbls of pHaser 22# fluid system, 217100 lbs of 20/40 Preferd Rock, 8000 lbs 20/40 SB Excel. </div>																												
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
Test Information:																												
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td colspan="2">Choke Size: _____</td> </tr> <tr> <td>Gas Disposition: _____</td> <td>Gas Type: _____</td> <td>BTU Gas: _____</td> <td colspan="2">API Gravity Oil: _____</td> </tr> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td colspan="2">Packer Depth: _____</td> </tr> </table>				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: _____	
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: <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: _____																												

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>02/22/2011</u>			
Perforations	Top: <u>7022</u>	Bottom: <u>7347</u>	No. Holes: <u>52</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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>8</u>	Mcf Gas: <u>287</u>	Bbls H2O: <u>8</u>	
Calculated 24 hour rate:		Bbls oil: <u>8</u>	Mcf Gas: <u>287</u>	Bbls H2O: <u>8</u>	GOR: <u>3588</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1355</u>	Tubing PSI: _____	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1237</u>	API Gravity Oil: <u>51</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/25/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7022</u>	Bottom: <u>7128</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf'd Niobrara "A" 7022-7024' (4 holes), Niobrara "B" 7120-28' (24 holes) Frac'd Niobrara with 24 bbls of 15% HCL, 1547 bbls Slickwater pad, 155 bbls of pHaser 20# pad, 2292 bbls of pHaser 20# fluid system, 239080 lbs Prefrd Rock, 12000 lbs SB Excel.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment: _____

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: 7/5/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400167230	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)