

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;">400171741</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>05-123-20929-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STATE</u>	Well Number: <u>13-4</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>4</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/03/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>6793</u> Bottom: <u>6801</u>	No. Holes: <u>48</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>

Re-perf'd Codell 6793-6801 (24 holes) Original perf 6793-6801' (24 holes)
 Re-stimulate W/ 595 bbl 26# pHaser pad, 2036 bbl 26# pHaser fluid system, 217720# 20/40 Preferd Rock, 8000# 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6521 Bottom: 6630 No. Holes: 76 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/24/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 59 Bbls H2O: 5

Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 59 Bbls H2O: 5 GOR: 2458

Test Method: FLOWING Casing PSI: 425 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6778 Tbg setting date: 06/03/2011 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: 05/03/2011 Date of First Production this formation: _____

Perforations Top: 6521 Bottom: 66006630 No. Holes: 28 Hole size: _____

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

Perf'd NBRR "A" 6521-6523' (4 holes) NBRR "B" 6622-6630' (24 holes)
Frac's w/ 119 bbl FE-1A Pad, 636 bbl Slickwater Pad, 545 bbl pHaser 20# pad, 2708 bbl pHaser 20# slurry, 238100# 20/40 Prefer'd Rock

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: _____

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: 6/3/2011 Email jglossa@petd.com
:

Attachment Check List

Att Doc Num	Name
400171741	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC TEST INFO	7/20/2011 1:27:48 PM
Permit	req tst info	7/20/2011 1:02:03 PM

Total: 2 comment(s)