

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



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Document Number:
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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.

1. OGCC Operator Number: 69175
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-32871-00
6. County: WELD
7. Well Name: Tracy Well Number: 31-23H
8. Location: QtrQtr: NWNE Section: 23 Township: 7N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 04/06/2011 Date of First Production this formation: 04/16/2011
Perforations Top: 7865 Bottom: 11687 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
Stage Frac'd 787 bbl #24 gel, 80589 bbl 28# fluid system, 280000# 100 mesh, 3250800 # 20/40 Sand, 192000 20/40 SB Excel
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/30/2011 Hours: 24 Bbls oil: 168 Mcf Gas: 448 Bbls H2O: 56
Calculated 24 hour rate: Bbls oil: 168 Mcf Gas: 448 Bbls H2O: 56 GOR: 2667
Test Method: Flowing Casing PSI: 830 Tubing PSI: 317 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1501 API Gravity Oil: 44
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6387 Tbg setting date: 05/17/2011 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: _____

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: _____ Email: jpglossa@petd.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)