

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

5. API Number 05-123-32426-00 6. County: WELD
7. Well Name: Frank Trust Well Number: 11-11H
8. Location: QtrQtr: NWNW Section: 11 Township: 6N Range: 61W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/05/2011</u>		Date of First Production this formation: <u>05/16/2011</u>	
Perforations	Top: <u>6685</u> Bottom: <u>10682</u>	No. Holes: _____	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Stage Frac'd 65061 bbl 24# fluid system with 3672000# 20/40 Sand</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>06/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>148</u>	Mcf Gas: <u>408</u> Bbls H2O: <u>199</u>
Calculated 24 hour rate:		Bbls oil: <u>148</u>	Mcf Gas: <u>408</u> Bbls H2O: <u>199</u> GOR: <u>2757</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>232</u>	Tubing PSI: <u>153</u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1435</u>	API Gravity Oil: <u>38</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6107</u>	Tbg setting date: <u>07/18/2011</u>	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: _____ Email: jglossa@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)