

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:

400171706

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 05-123-32871-00 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: EATON Field Code: 19350

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/06/2011</u>	Date of First Production this formation: <u>04/16/2011</u>
Perforations Top: <u>7865</u> Bottom: <u>11687</u>	No. Holes: <u>0</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Stage Frac'd 787 bbl #24 gel, 80589 bbl 28# fluid system, 280000# 100 mesh, 3250800 # 20/40 Sand, 192000 20/40 SB Excel</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>168</u> Mcf Gas: <u>448</u> Bbls H2O: <u>56</u>	
Calculated 24 hour rate:	Bbls oil: <u>168</u> Mcf Gas: <u>448</u> Bbls H2O: <u>56</u> GOR: <u>2667</u>
Test Method: <u>Flowing</u> Casing PSI: <u>830</u> Tubing PSI: <u>317</u> Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1501</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>6387</u> Tbg setting date: <u>05/17/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 9/9/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400171706	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)