

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-25121-00
6. County: WELD
7. Well Name: NELSON
Well Number: 23-34
8. Location: QtrQtr: NESW Section: 34 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/01/2011 Date of First Production this formation:

Perforations Top: 6953 Bottom: 6966 No. Holes: 48 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: []

RePerf'd Codell 6953-6961 (24 new holes) (Original perfs 6954-6966', 24 holes)
Re-Frac'd Codell w/ 596 bbls of 26# pHaser pad, 1972 bbls of 26# pHaser, 217040# 20/40 Preferd Rock, 8000 lbs of 20/40 SB Excel.

This formation is commingled with another formation: [X] 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 09/23/2011

Perforations Top: 6651 Bottom: 6966 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: 09/30/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 73 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 73 Bbls H2O: 0 GOR: 3042

Test Method: Flowing Casing PSI: 410 Tubing PSI: 370 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6941 Tbg setting date: 10/13/2011 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: 09/18/2011 Date of First Production this formation: _____

Perforations Top: 6651 Bottom: 6828 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 6651-6653' (4 holes), Niobrara "B" 6753-6757' (12 holes) Niobrara "C" 6824-6828" (12 holes) Frac'd Niobrara with 24 bbl HCl, 130 bbl FE-1A, 855 bbls of Slickwater pad, 786 bbls of pHaser 20# pad, 2203 bbls of pHaser 20# fluid system and 238220 lbs of 20/40 Prefer'd Rock, 12000 # 20/40 SB Excel. Frac plug malfunction during initial perf attempt, perf'd 24 holes out of zone in basal portion of Niobrara 6870-6880. No treatment

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: 11/28/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400216720	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)