

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400274043

Date Received:
05/04/2012

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 05-123-34358-00 6. County: WELD
 7. Well Name: Wilson Well Number: 14-34H
 8. Location: QtrQtr: SWSW Section: 34 Township: 7N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 02/20/2012 Date of First Production this formation: 03/09/2012
 Perforations Top: 7033 Bottom: 11060 No. Holes: 16 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
Frac'd Niobrara, 16 stages with, 59344 bbls pHaser fluid system, 3,746200# of 20/40 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/10/2012 Hours: 24 Bbls oil: 524 Mcf Gas: 646 Bbls H2O: 266
 Calculated 24 hour rate: _____ Bbls oil: 524 Mcf Gas: 646 Bbls H2O: 266 GOR: 1252
 Test Method: Flowing Casing PSI: 303 Tubing PSI: 501 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1368 API Gravity Oil: 42
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6654 Tbg setting date: 03/09/2012 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: 5/4/2012 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400274043	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)