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COGCC			

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.

Complete the
Attachment
Checklist

1. OGCC Operator Number: <u>69175</u>	4. Contact Name <u>Larry Robbins</u>
2. Name of Operator: <u>Petroleum Development Corporation</u>	Phone: <u>(303) 860-5822</u>
3. Address: <u>1775 Sherman Street, Suite 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80203</u>	
5. API Number <u>05-123-26740</u> ✓	6. County: <u>Weld</u>
7. Well Name: <u>Leffler</u> ✓	Well Number: <u>13-35</u> ✓
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW Sec. 35 T7N R66W 6th PM</u>	

OP OGCC

wellbore diagram		
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FORMATION: <u>NB-CD</u> ✓	Status: <u>Producing</u>
Treatment Date: _____	Date of First Production this formation: <u>02/23/2009</u>
Perforations Top: <u>7048'</u> ✓ Bottom: <u>7350'</u> ✓	No. Holes <u>46</u> ✓ Hole size: <u>0.34" & 0.42"</u>
Provide a brief summary of the formation treatment:	Open Hole <input type="checkbox"/>
This formation is commingled with another formation <input type="checkbox"/>	
Test Information:	
Date: <u>04/01/2009</u> Hours: <u>24</u> Bbls oil: <u>35</u> Mcf Gas: <u>43</u> Bbls H ₂ O: <u>8</u>	
Calculated 24 hour rate: Bbls oil: <u>35</u> Mcf Gas: <u>43</u> Bbls H ₂ O: <u>8</u> GOR: <u>1229</u>	
Test Method: <u>pump</u> Casing PSI: <u>750</u> Tubing PSI: <u>650</u> Choke size: <u>22/64"</u>	
Gas Disposition: <u>Sold</u> Gas Type: <u>Wet</u> BTU Gas: <u>1317</u> API Gravity Oil: <u>43.8</u>	
Tubing Size: <u>2 3/8"</u> Tubing Setting Depth: <u>7331'</u> Tbg setting date: <u>02/19/2009</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: _____	Status: _____
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole <input type="checkbox"/>
This formation is commingled with another formation <input type="checkbox"/>	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H ₂ O: _____	
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H ₂ O: _____ 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: _____ Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Larry RobbinsEmail: lrobbins@petd.com

Signature: _____

Title: Regulatory AgentDate: 07/27/2009