

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2555461

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: LARRY ROBBINS
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 860-5822
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-29360-00 6. County: WELD
7. Well Name: Cozzens Well Number: 32-9D
8. Location: QtrQtr: NWNE Section: 9 Township: 6N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/23/2010</u>	Date of First Production this formation: <u>04/01/2010</u>
Perforations Top: <u>6942</u> Bottom: <u>7235</u>	No. Holes: <u>28</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<p>NIOBRARA "A" 6942'-6944' (4 HOLES), NIOBRARA "B" 7062'-7068' (12 HOLES) AND CODELL 7229'-7235' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 916 BBLs SLICKWATER PAD, 715 BBLs PHASER 22# PAD, 2875 BBLs OF PHASER 22# FLUID SYSTEM, 334,260 LBS OF 30/50 WHITE SAND AND 15,500 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/01/2010</u> Hours: <u>24</u> Bbls oil: <u>32</u> Mcf Gas: <u>67</u> Bbls H2O: <u>7</u>	
Calculated 24 hour rate: Bbls oil: <u>32</u> Mcf Gas: <u>67</u> Bbls H2O: <u>7</u> GOR: <u>2094</u>	
Test Method: <u>FLOWD UP CASING</u> Casing PSI: <u>781</u> Tubing PSI: _____ Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1278</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7217</u> Tbg setting date: <u>05/11/2010</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: LARRY ROBBINS

Title: REGULATORY AGENT

Date: 6/8/2010

Email LROBBINS@PETD.COM
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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: *David S. Neslin* Director of COGCC Date: 10/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555461	FORM 5A SUBMITTED	LF@2505827 2555461

Total Attach: 1 Files