

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

1688464

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 05-123-30864-00 6. County: WELD
 7. Well Name: Cozzens Well Number: 12-9D
 8. Location: QtrQtr: SENW Section: 9 Township: 6N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 04/07/2010 Date of First Production this formation: 04/15/2010
 Perforations Top: 6961 Bottom: 7244 No. Holes: 28 Hole size: 34/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NIOBRARA"A"6961'-6963'(4HOLES), NIOBRARA"B"7080'-7086'(12HOLES), CODELL 7238'-7244'(12HOLES) FRAC'D NIOBRARA/CODELL USING 24 BBLs 15% HCL, 952 BBLs SLICKWATER PAD, 959 BBLs VISTAR 20# PAD, 2910 BBLs OF VISTAR 20# FLUID SYSTEM, 334420 LBS OF 20/40 WHITE SAND AND 16000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/01/2010 Hours: 24 Bbls oil: 85 Mcf Gas: 163 Bbls H2O: 15
 Calculated 24 hour rate: _____ Bbls oil: 85 Mcf Gas: 163 Bbls H2O: 15 GOR: 1918
 Test Method: FLOWED Casing PSI: 732 Tubing PSI: _____ Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 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: LARRY ROBBINS

Title: REGULATORY AGENT

Date: 6/22/2010

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: 10/22/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1688464	FORM 5A SUBMITTED	LF@2510015 1688464

Total Attach: 1 Files