

**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:

1688458

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 05-123-30968-00 6. County: WELD
7. Well Name: Wells Ranch State Well Number: 31-28
8. Location: QtrQtr: NWNE Section: 28 Township: 6N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 04/13/2010 Date of First Production this formation: 04/19/2010Perforations Top: 6522 Bottom: 6804 No. Holes: 28 Hole size: 34/100Provide a brief summary of the formation treatment: Open Hole: ☐

NIOBRARA"A"6522'-6524'(4HOLES), NIOBRARA"B"6626'-6632'(12HOLES) AND CODELL 6798'-6804'(12HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 920 BBLs SLICKWATER PAD, 716 BBLs PHASER 22# PAD, 2902 BBLs OF PHASER 22# FLUID SYSTEM, 334,040 LBS OF 30/50 WHITE SAND AND 16,000 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: 39 Mcf Gas: 129 Bbls H2O: 11Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 129 Bbls H2O: 11 GOR: 3308Test Method: FLOWING Casing PSI: 1164 Tubing PSI: 680 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1464 API Gravity Oil: _____Tubing Size: 2 + 3/8 Tubing Setting Depth: 6783 Tbg setting date: 05/07/2010 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
1688458	FORM 5A SUBMITTED	LF@2510021 1688458

Total Attach: 1 Files