

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:

1688458

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

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 Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 04/13/2010 Date of First Production this formation: 04/19/2010
Perforations Top: 6522 Bottom: 6804 No. Holes: 28 Hole size: 34/100
Provide 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: 11
Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 129 Bbls H2O: 11 GOR: 3308
Test Method: FLOWING Casing PSI: 1164 Tubing PSI: 680 Choke Size: 16/64
Gas 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

:

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