

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

Document Number:  
2510903

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  
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 05-123-30972-00  
6. County: WELD  
7. Well Name: Wells Ranch State Well Number: 32-28  
8. Location: QtrQtr: SWNE Section: 28 Township: 6N Range: 63W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 04/14/2010 Date of First Production this formation: 04/21/2010  
Perforations Top: 6521 Bottom: 6805 No. Holes: 28 Hole size: 34/100  
Provide a brief summary of the formation treatment: Open Hole:   
NIOBRARA"A"6521'-6523'(4HOLES),NIOBRARA"B"6626'-6632'(12HOLES)AND CODELL 6799'-6805'(12HOLES) FRAC'S NIOBRARA/CODELL USING 1000 GALS 15% HCL,918 BBLs SLICKWATER PAD, 716 BBLs PAHSEY 22# PAD,2973 BBLs OF PHASER22# FLUID SYSTEM, 334,140LBS 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: 31 Mcf Gas: 84 Bbls H2O: 21  
Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 84 Bbls H2O: 21 GOR: 2710  
Test Method: FLOWING Casing PSI: 1310 Tubing PSI: 601 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1464 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6784 Tbg setting date: 05/27/2010 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: 7/16/2010

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: 11/15/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description    |
|-------------|-------------------|--------------------|
| 2510903     | FORM 5A SUBMITTED | LF@2543099 2510903 |

Total Attach: 1 Files