

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



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COMPLETED INTERVAL REPORT

Document Number:

2511146

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 05-123-30912-00 6. County: WELD
 7. Well Name: Cozzens Well Number: 31-8D
 8. Location: QtrQtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 04/30/2010 Date of First Production this formation: 05/06/2010
 Perforations Top: 7074 Bottom: 7374 No. Holes: 28 Hole size: 34/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NIOBRARA "A" 7074-7076' (4 HOLES), NIOBRARA "B" 7199'-7205' (12 HOLES) AND CODELL 7368'-7374' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 919 BBLs SLICKWATER PAD, 716 BBLs PHASER 22# PAD, 2970 BBLs OF PHASER 22# FLUID SYSTEM, 335,020 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: 07/01/2010 Hours: 24 Bbls oil: 66 Mcf Gas: 125 Bbls H2O: 13
 Calculated 24 hour rate: _____ Bbls oil: 66 Mcf Gas: 125 Bbls H2O: 13 GOR: 1894
 Test Method: FLOWING Casing PSI: 982 Tubing PSI: _____ Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1319 API Gravity Oil: 49
 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

Date: 7/28/2010

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: 11/19/2010

Attachment Check List

Att Doc Num	Name
2511146	FORM 5A SUBMITTED

Total Attach: 1 Files