

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:
2511688

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 05-123-30909-00
6. County: WELD
7. Well Name: Cozzens Well Number: 8VD
8. Location: QtrQtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/07/2010 Date of First Production this formation: 05/07/2010

Perforations Top: 6960 Bottom: 7265 No. Holes: 28 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole:

NIOBRARA "A" 6960'-6962' (4 HOLES), NIOBRARA "B" 7086'-7092' (12 HOLES) AND COLDELL 7259'-7265' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 918 BBLs SLICKWATER PAD, 715 BBLs PHASER 22# PAD, 2914 BBLs OF PHASER 22# FLUID SYSTEM, 334,200 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: 44 Mcf Gas: 71 Bbls H2O: 17

Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 71 Bbls H2O: 17 GOR: 1614

Test Method: FLOWED UPCASING Casing PSI: 555 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7245 Tbg setting date: 08/06/2010 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: 8/11/2010

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: 11/24/2010

Attachment Check List

Att Doc Num	Name
2511688	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)