

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:

2510630

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 05-123-14113-00 6. County: WELD
 7. Well Name: NOFFSINGER Well Number: 31-5
 8. Location: QtrQtr: NWNE Section: 5 Township: 5N Range: 64W Meridian: 6
 9. Field Name: KERSEY Field Code: 44600

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/28/2000 Date of First Production this formation: _____

Perforations Top: 6880 Bottom: 6894 No. Holes: 20 Hole size: _____

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

REPERF'D CODELL 6880'-6890'(20HOLES) REFRAC'D CODELL USING 111468 GALS VISTAR GEL, 10160 LBS 100 MESH SAND, 215020 LBS 20/40 MESH SAND AND 10000 LBS REMP DC 20/40 MESH SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/01/2010 Date of First Production this formation: 11/18/1988

Perforations Top: 6880 Bottom: 6894 No. Holes: 100 Hole size: 34/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/01/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 211 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 211 Bbls H2O: 6 GOR: 9591

Test Method: FLOWING Casing PSI: 550 Tubing PSI: 400 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6862 Tbg setting date: 03/09/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/01/2010 Date of First Production this formation: _____

Perforations Top: 6589 Bottom: 6802 No. Holes: 8 Hole size: _____

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

REPERF'D NIOBRARA "A" 6594'-6596'(4HOLES), NIOBRARA "B" 6714'-6722'(24HOLES) REFRAC'D NIOBRARA USING 1000GAL 15% HCL, 1664 BBLS SLICKWATER PAD, 144 BBLS OF SILVERSTIM 22# PAD, 2263 BBLS OF SILVERSTIM 22# FLUID SYSTEM, 238520 LBS OF 40/70 WHITE SAND AND 12400 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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 AGENT Date: 7/20/2010 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: 12/3/2010

Attachment Check List

Att Doc Num	Name
2510630	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)