

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:
1667404

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 05-123-11508-00
6. County: WELD
7. Well Name: FIELDS-NELSON Well Number: 34-1
8. Location: QtrQtr: SWNW Section: 34 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 12/30/2009

Perforations Top: 6672 Bottom: 7010 No. Holes: 78 Hole size: 35/100

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

REMOVE BRIDGE PLUG AND COMMINGLE CODELL WITH THE NIOBRARA ON 12/22/2009.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/01/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 7 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 7 Bbls H2O: 4 GOR: 1400

Test Method: FLOWING Casing PSI: 1550 Tubing PSI: 1220 Choke Size: 0.2187

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 50

Tubing Size: 2.375 Tubing Setting Depth: 6977 Tbg setting date: 12/22/2010 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: 12/10/2009 Date of First Production this formation: _____

Perforations Top: 6672 Bottom: 6794 No. Holes: 42 Hole size: 35/100

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

NIOBRARA "A" PERFS 6672'-6678' (18 HOLES), 6687'-6691' (12 HOLES) AND NIOBRARA "B" PERFS 6790'-6794' (12 SHOTS) FRAC'D NIOBRARA WITH 1000 GALLONS OF 15% HCL, 1400 BBLs SLICKWATER PAD, 143 BBLs OF SILVERSTIM 22# PAD, 2236 BBLs OF SILVERSTIM 22# FLUID SYSTEM, 238200 LBS OF 30/50 WHITE SAND AND 12000 LBS SB EXCEL 20/40 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: 5/20/2010 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: 12/29/2010

Attachment Check List

Att Doc Num	Name
1667404	COMPLETED INTERVAL REPORT

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)