

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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Document Number:

1667404

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 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 05-123-11508-00 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

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|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: _____ | Date of First Production this formation: <u>12/30/2009</u> |
| Perforations Top: <u>6672</u> Bottom: <u>7010</u> | No. Holes: <u>78</u> Hole size: <u>35/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>REMOVE BRIDGE PLUG AND COMMINGLE CODELL WITH THE NIOBRARA ON 12/22/2009.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>02/01/2010</u> Hours: <u>24</u> Bbls oil: <u>5</u> Mcf Gas: <u>7</u> Bbls H2O: <u>4</u> | |
| Calculated 24 hour rate: _____ Bbls oil: <u>5</u> Mcf Gas: <u>7</u> Bbls H2O: <u>4</u> GOR: <u>1400</u> | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1550</u> Tubing PSI: <u>1220</u> Choke Size: <u>0.2187</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1243</u> API Gravity Oil: <u>50</u> | |
| Tubing Size: <u>2.375</u> Tubing Setting Depth: <u>6977</u> Tbg setting date: <u>12/22/2010</u> Packer Depth: _____ | |
| Reason for Non-Production: _____ | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
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| | | |

Total: 0 comment(s)