

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2071557

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 05-123-31478-00 6. County: WELD
 7. Well Name: Bijou Well Number: 14-19D U
 8. Location: QtrQtr: SENW Section: 19 Township: 5N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/29/2010 Date of First Production this formation: 07/14/2010

Perforations Top: 6854 Bottom: 7034 No. Holes: 28 Hole size: 34/100

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

NIOBRARA "B" 6854'-6862' (16 HOLES) AND CODELL 7028'-7034' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 918 BBLS SLICKWATER PAD, 716 BBLS PHASER 22# PAD, 2951 BBLS OF PHASER 22# FLUID SYSTEM, 335,160 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: 09/01/2010 Hours: 24 Bbls oil: 51 Mcf Gas: 206 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 51 Mcf Gas: 206 Bbls H2O: 6 GOR: 4039

Test Method: FLOWING Casing PSI: 613 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7018 Tbg setting date: 10/01/2010 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 Date: 10/5/2010 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: 1/4/2011

Attachment Check List

Att Doc Num	Name
2071557	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)