

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:

400128580

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: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-045-14738-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: 22D-17
8. Location: QtrQtr: NESW Section: 17 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 03/06/2010 Date of First Production this formation: 11/17/2010
Perforations Top: 11208 Bottom: 11218 No. Holes: 20 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole:
Frac'd w/ 12 bbl 15% HCl, 1224 bbl 40# Dynaflow 2WR, 5800 # 100 mesh white sand, 59500# 40/70 mesh white sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 107 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 107 Bbls H2O: 0 GOR:
Test Method: flowing Casing PSI: 726 Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1058 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: Jeff Glossa
Title: Sr Engineering Tech Date: Email jglossa@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)