

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:
2590504

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 05-123-30706-00 6. County: WELD
7. Well Name: WELLS RANCH Well Number: 12D
8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/15/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 6270 Bottom: 6531 No. Holes: 28 Hole size: 34/100

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

NIOBRARA "A" 6270'-6272' (4 HOLES), NIOBRARA "C" 6356'-6362' (12 HOLES) AND CODELL 6525'-6531' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 918 BBLs SLICKWATER PAD, 716 BBLs PHASER 22# PAD, 2907 BBLs OF PHASER 22# FLUID SYSTEM, 334,300 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: 10/01/2010 Hours: 24 Bbls oil: 59 Mcf Gas: 68 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 59 Mcf Gas: 68 Bbls H2O: 0 GOR: 1153

Test Method: FLOWING Casing PSI: 1276 Tubing PSI: 436 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 API Gravity Oil: 44

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

Date: 10/25/2010

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: 2/4/2011

Attachment Check List

Att Doc Num	Name
2590504	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)