

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:

2071417

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) 8605822
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 8605838
 City: DENVER State: CO Zip: 80203

5. API Number 05-045-14277-00 6. County: GARFIELD
 7. Well Name: Chevron Well Number: 11D-7D
 8. Location: QtrQtr: NWSW Section: 7 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 06/20/2010 Date of First Production this formation: 07/01/2010
 Perforations Top: 6344 Bottom: 7692 No. Holes: 123 Hole size: 37/100
 Provide a brief summary of the formation treatment: Open Hole:
FRAC'D USING 14614 BBLs OF SLICKWATER GET AND 542853 LBS OF 30/50 MESH WHITE SAND
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/01/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 1100 Bbls H2O: 16
 Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1100 Bbls H2O: 16 GOR: 11000
 Test Method: FLOW UP CASING Casing PSI: _____ Tubing PSI: _____ Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1076 API Gravity Oil: 35
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7360 Tbg setting date: 08/13/2010 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 AGENT Date: 9/29/2010 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: 2/9/2011

Attachment Check List

Att Doc Num	Name
2071417	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Well bore diagram requested. dhs	2/9/2011 11:16:36 AM

Total: 1 comment(s)