

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:  
2517249

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: LARRY ROBBINS  
Phone: (303) 860-5822  
Fax: (303) 860-5838

5. API Number 05-045-14275-00  
6. County: GARFIELD  
7. Well Name: Chevron Well Number: 23D-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: 06/19/2010 Date of First Production this formation: 07/01/2010

Perforations Top: 6196 Bottom: 7535 No. Holes: 144 Hole size: 37/100

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

frac'd using 17934 bbls of slickwater gel and 755207 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: 1334 Bbls H2O: 19

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1334 Bbls H2O: 19 GOR: 13340

Test Method: FLOWEDUP 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: 7410 Tbg setting date: 08/10/2010 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: 9/30/2010 Email LROBBINS@PETD.COM

### Attachment Check List

Att Doc Num	Name
2517249	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested well bore diagram.	2/24/2011 2:11:52 PM

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