

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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Document Number:

2517249

**COMPLETED INTERVAL REPORT**

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 05-045-14275-00 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: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/19/2010</u>	Date of First Production this formation: <u>07/01/2010</u>
Perforations Top: <u>6196</u> Bottom: <u>7535</u>	No. Holes: <u>144</u> Hole size: <u>37/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>frac'd using 17934 bbls of slickwater gel and 755207 lbs of 30/50 mesh white sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/01/2010</u> Hours: <u>24</u> Bbls oil: <u>1</u> Mcf Gas: <u>1334</u> Bbls H2O: <u>19</u>	
Calculated 24 hour rate:	Bbls oil: <u>1</u> Mcf Gas: <u>1334</u> Bbls H2O: <u>19</u> GOR: <u>13340</u>
Test Method: <u>FLOWEDUP CASING</u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1076</u> API Gravity Oil: <u>35</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7410</u> Tbg setting date: <u>08/10/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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

Total: 1 comment(s)