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

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 05-123-22341-00
6. County: WELD
7. Well Name: HEINZE
Well Number: 44-29
8. Location: QtrQtr: SESE Section: 29 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/20/2011 Date of First Production this formation:

Perforations Top: 7085 Bottom: 7094 No. Holes: 48 Hole size:

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

Re-perf Codell 7085-93 (24 Holes) Original perfs 7086-94 (24 holes)
Frac'd w/ 119 bbl Active pad, 598 bbl 26#pHaser pad, 2020 bbl 26# pHaser fluid system, (218300 lbs 20/40 Preferd Rock) (8000 lbs 20//40 SB Excel

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: Date of First Production this formation: 03/15/2011

Perforations Top: 6799 Bottom: 7094 No. Holes: 70 Hole size:

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

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 41 Mcf Gas: 40 Bbls H2O: 13

Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 40 Bbls H2O: 13 GOR: 975

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 900 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7071 Tbg setting date: 03/15/2011 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:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 02/20/2010 Date of First Production this formation:

Perforations Top: 6799 Bottom: 6928 No. Holes: 28 Hole size:

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

Perf'd Niobrara "A" 6799-6801' (4 holes), Niobrara "B" 6920-6928' (24 holes)
Niobrara would not take fluid

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: 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

User Group	Comment	Comment Date

Total: 0 comment(s)