

**FORM
5A**Rev
02/08State 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:

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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 4. Contact Name: Jeff Glossa
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-22600-00 6. County: WELD
7. Well Name: KREPS Well Number: 43-6
8. Location: QtrQtr: NESE Section: 6 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/28/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7024</u> Bottom: <u>7032</u> No. Holes: <u>34</u> Hole size: _____	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Re-Perf Codell 7024-7032 (24 new holes) Original perf 7026-31' (10 holes) Re-Frac'd Codell w/ 119 bbl Active Pad, 596 bbls of 26# pHaser pad, 1943 bbls of 26# pHaser, 217680# 20/40 , 8000 ibs 20/40 SB Excel	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>03/20/2011</u>			
Perforations	Top: <u>6713</u>	Bottom: <u>7032</u>	No. Holes: <u>98</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>03/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>46</u>	Mcf Gas: <u>79</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>46</u>	Mcf Gas: <u>79</u>	Bbls H2O: <u>0</u>	GOR: <u>1716</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>1700</u>	Tubing PSI: <u>1280</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1273</u>	API Gravity Oil: <u>46</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6771</u>	Tbg setting date: <u>03/24/2011</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/01/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6713</u>	Bottom: <u>6920</u>	No. Holes: <u>64</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf Niobrara "A" 6713-6715' (4 holes), Niobrara "B" 6848-56' (24 holes) Niobrara "C" 6914-20' (18 holes) Niobrara 6901-03 (mis-fired 4 holes) Original perfs 6720-6860 (14 holes) Frac'd Niobrara w/ 24 bbls 15% acid, 120 bbls FE-1A Pad, 2023 bbls of slickwater pad, 143 bbls of 20#pHaser pad, 2874 bbls 20# pHaser, 338020# 30/50, 12,000# 20/40 SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Total: 0 comment(s)