

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400160029

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: CODELL Status: COMMINGLED

Treatment Date: 01/28/2011 Date of First Production this formation: _____

Perforations Top: 7024 Bottom: 7032 No. Holes: 34 Hole size: _____

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

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: 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: 03/20/2011

Perforations Top: 6713 Bottom: 7032 No. Holes: 98 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/31/2011 Hours: 24 Bbls oil: 46 Mcf Gas: 79 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 46 Mcf Gas: 79 Bbls H2O: 0 GOR: 1716

Test Method: Flowing Casing PSI: 1700 Tubing PSI: 1280 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6771 Tbg setting date: 03/24/2011 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: 02/01/2011 Date of First Production this formation: _____

Perforations Top: 6713 Bottom: 6920 No. Holes: 64 Hole size: _____

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

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: 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)