

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 2592493 </div>				
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: <u>69175</u>	4. Contact Name: <u>JEFF GLOSSA</u>
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>	Phone: <u>(303) 860-3972</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-2838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

5. API Number <u>05-123-31639-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Guttersen</u>	Well Number: <u>24S</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>24</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/21/2010</u>	Date of First Production this formation: <u>10/25/2010</u>
Perforations Top: <u>6578</u> Bottom: <u>6809</u>	No. Holes: <u>24</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NIOBRARA "B" 6478'-6584' (2 HOLES), CODELL 6803'-6809' (12 HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL. 918 BBLS SLICKWATER PAD, 721 BBLS PHASER 22# PAD, 2918 BBLS OF PHASER FLUID SYSTEM AND 351000 LBS OF 30/50 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/01/2010</u> Hours: <u>24</u> Bbls oil: <u>38</u> Mcf Gas: <u>140</u> Bbls H2O: <u>7</u>	
Calculated 24 hour rate:	Bbls oil: <u>38</u> Mcf Gas: <u>140</u> Bbls H2O: <u>7</u> GOR: <u>3684</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>702</u> Tubing PSI: <u>400</u> Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1230</u> API Gravity Oil: <u>46</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6796</u> Tbg setting date: <u>11/18/2010</u> Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 1/3/2011 Email JGLOSSA@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592493	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)