

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 with 4 columns: DE, ET, OE, ES

Document Number: 2591552

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: LARRY ROBBINS Phone: (303) 860-5822 Fax: (303) 860-8538

5. API Number 05-123-31906-00 6. County: WELD 7. Well Name: Ryland Well Number: 20RD 8. Location: QtrQtr: NWNW Section: 21 Township: 4N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: Admire Status: COMMINGLED

Treatment Date: 09/20/2010 Date of First Production this formation: Perforations Top: 7602 Bottom: 7610 No. Holes: 24 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole: []

FRAC'D CODELL WITH 478 BBLs OF SLICKWATER PAD, 144 BBLs OF PHASER 22# PAD, 1973 BBLs 22# FLUID SYSTEM, 217140 LBS OF 30/50 WHITE SAND AND 8000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT

This formation is commingled with another formation: [X] 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/20/2010</u>	Date of First Production this formation: <u>09/22/2010</u>
Perforations Top: <u>7275</u> Bottom: <u>7610</u>	No. Holes: <u>76</u> Hole size: <u>36/100</u>
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>11/01/2010</u> Hours: <u>24</u>	Bbls oil: <u>37</u> Mcf Gas: <u>108</u> Bbls H2O: <u>20</u>
Calculated 24 hour rate:	Bbls oil: <u>37</u> Mcf Gas: <u>108</u> Bbls H2O: <u>20</u> GOR: <u>2919</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>569</u> Tubing PSI: _____ Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1292</u> API Gravity Oil: <u>50</u>
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</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>09/20/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7275</u> Bottom: <u>7374</u>	No. Holes: <u>52</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PERF'D NIOBRARA "A" 7275'-4277' (4 HOLE), NIOBRARA "B" 7366'-7374' (24 HOLES). REPERF'D NIOBRARA "B" 7363'-7372' (24 HOLES). FRAC'D NIOBRARA WITH 24 BBLs OF 15% HCL, 1550 BBLs SLICKWATER PAD, 145 BBLs OF PHASER 20# PAD, 2239 BBLs OF PHASER 20# FLUID SYSTEM, 239040 LBS OF 30/50 WHITE SAND AND 12000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.	
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: _____

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: LARRY ROBBINS

Title: REGULATORY AGENT Date: 11/30/2010 Email LROBBINS@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2591552	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)