

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: 2592503

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) 860-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-31911-00 6. County: WELD
7. Well Name: Ryland Well Number: 20CD
8. Location: QtrQtr: NWNW Section: 21 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/07/2010 Date of First Production this formation:
Perforations Top: 7532 Bottom: 7540 No. Holes: 24 Hole size: 36/100

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

PERF'D CODELL 7532'-7540' (24 HOLES)
FRAC'D CODELL WWITH 478 BBLS OF SLICKWATER PAD, 145 BBLS OF PHASER 22# PAD, 1979 BBLS OF PHASER 22# LUID SYSTEM AND 226100 LBS OF 30/50 WHITE SAND.

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/07/2010 Date of First Production this formation: 10/19/2010

Perforations Top: 7206 Bottom: 7540 No. Holes: 52 Hole size: 36/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/01/2010 Hours: 24 Bbls oil: 62 Mcf Gas: 81 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 62 Mcf Gas: 81 Bbls H2O: 4 GOR: 1306

Test Method: FLOWING Casing PSI: 635 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 51

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 Status: COMMINGLED

Treatment Date: 10/07/2010 Date of First Production this formation: _____

Perforations Top: 7206 Bottom: 7306 No. Holes: 28 Hole size: 42/100

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

PERF'D NIOBRARA "A" 7206'-7208' (4 HOLES), NIOBRARA "B" 7298'-7306' (24 HOLES)
FRAC'D NIOBRARA WITH 1549 BBLs SLICKWATER PAD, 145 BBLs OF PHASER 20# PAD, 2291 BBLs OF PHASER 20# FLUID SYSTEM AND 250880 LBS OF 30/50 WHITE SAND.

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: _____

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: 1/4/2011 Email JGLOSSA@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592503	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)