

**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:

400137671

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 05-123-31905-00 6. County: WELD
7. Well Name: Noffsinger Well Number: 2VD
8. Location: QtrQtr: NENE Section: 2 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | |
|---|--------------------------------------|---|---|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>01/13/2011</u> | | Date of First Production this formation: _____ | |
| Perforations | Top: <u>7031</u> Bottom: <u>7039</u> | No. Holes: <u>24</u> | Hole size: <u>0.36</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>Frac'd Codell with 634 bbls of slickwater pad, 425 bbls of pHaser 22# pad, 1989 bbls of pHaser 22# fluid system, 217020 lbs of 20/40 Preferd rock and 8000 lbs of SB Excel 20/40 SB Excel.</u> | | | |
| 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: _____ | |

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|--|-----------------------------|---|-------------------------------------|--------------------------|----------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | | Status: <u>PRODUCING</u> | |
| Treatment Date: _____ | | Date of First Production this formation: <u>01/20/2011</u> | | | |
| Perforations | Top: <u>6747</u> | Bottom: <u>7039</u> | No. Holes: <u>50</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>02/01/2011</u> | Hours: <u>24</u> | Bbls oil: <u>41</u> | Mcf Gas: <u>1</u> | Bbls H2O: <u>2</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>41</u> | Mcf Gas: <u>1</u> | Bbls H2O: <u>2</u> | GOR: <u>24</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>240</u> | Tubing PSI: _____ | Choke Size: <u>16/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1285</u> | API Gravity Oil: <u>51</u> | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: | | | | | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____ | | | |

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|---|-----------------------------|---|-------------------------------------|---------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>01/13/2011</u> | | Date of First Production this formation: _____ | | | |
| Perforations | Top: <u>6747</u> | Bottom: <u>6873</u> | No. Holes: <u>28</u> | Hole size: <u>0.42</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Perf'd Niobrara "A" 6747'-6749' (4 holes), Niobrara "B" 6865'-6873" (24 holes), Frac'd Niobrara with 1447 bbls Slickwater pad, 148 bbls of pHaser 20# pad, 1810 bbls of pHaser 20# fluid system, 233000 lbs of 20/40 Preferd Rock, 12000 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: | | | | | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____ | | | |

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|---|
| Comment: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

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: 3/1/2011 Email yglossa@petd.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400137671 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)