


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2590721</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>69175</u>		4. Contact Name: <u>LARRY ROBBINS</u>					
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 860-5822</u>					
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>		Fax: <u>(303) 860-5838</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>					
5. API Number <u>05-123-23138-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>WELLS RANCH</u>		Well Number: <u>44-15</u>					
8. Location: QtrQtr: <u>SESE</u>	Section: <u>15</u>	Township: <u>6N</u>	Range: <u>63W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>09/02/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>6736</u>	Bottom: <u>6774</u>	No. Holes: <u>48</u>	Hole size: <u>17/50</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
REPERF CODELL 6736-6744 (24 HOLES) REFRAC CODELL WITH 476 BBLS SLICKWATER PAD, 144 BBLS OF PHASER 22# PAD, 1982 BBLS OF PHASER 22# FLUID SYSTEM, 217420 LBS OF 30/50 WHITE SAND AND 8000 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							
<b>Test Information:</b>							
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: _____					

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/02/2010</u>		Date of First Production this formation: <u>09/04/2010</u>			
Perforations	Top: <u>6490</u>	Bottom: <u>6774</u>	No. Holes: <u>76</u>	Hole size: _____	
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					
<b>Test Information:</b>					
Date: <u>10/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>75</u>	Mcf Gas: <u>179</u>	Bbls H2O: <u>8</u>	
Calculated 24 hour rate:		Bbls oil: <u>75</u>	Mcf Gas: <u>179</u>	Bbls H2O: <u>8</u>	GOR: <u>2387</u>
Test Method: <u>flowing</u>	Casing PSI: <u>950</u>	Tubing PSI: <u>620</u>	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1353</u>	API Gravity Oil: <u>43</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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/02/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6490</u>	Bottom: <u>6580</u>	No. Holes: <u>28</u>	Hole size: <u>21/50</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">                     PERF NIOBRARA "A" 6490-6492 (4 HOLES), NIOBRARA "B" 6572-6580 (24 HOLES)                      FRAC'D NIOBRARA USING 1000 GALS 15% HCL, 1547 BBLS OF SLICKWATER PAD, 143 BBLS OF PHASER 20# PAD,                      2265 BBLS OF PHASER 20# FLUID SYSTEM, 238240 LBS OF 30/50 WHITE SAND AND 12000 LBS OF SB EXCEL 20/40 RESIN                      COATED PROPPANT.                 </div>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: _____			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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: 11/1/2010 Email LROBBINS@PETD.COM  
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### **Attachment Check List**

Att Doc Num	Name
2590721	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)