

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 columns DE, ET, OE, ES

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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: LARRY ROBBINS 2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 860-5822 3. Address: 1775 SHERMAN STREET - STE 3000 City: DENVER State: CO Zip: 80203 Fax: (303) 860-5838

5. API Number 05-123-18997-00 6. County: WELD 7. Well Name: MOTIS Well Number: 44-7 8. Location: QtrQtr: SESE Section: 7 Township: 5N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Date: 10/12/2010 Date of First Production this formation: 09/26/2006 Perforations Top: 6558 Bottom: 6854 No. Holes: 138 Hole size: 35/100 Provide a brief summary of the formation treatment: Open Hole: [] This formation is commingled with another formation: [] Yes [X] No Test Information: Date: 12/01/2010 Hours: 24 Bbls oil: 29 Mcf Gas: 127 Bbls H2O: 4 Calculated 24 hour rate: Bbls oil: 29 Mcf Gas: 127 Bbls H2O: 4 GOR: 4379 Test Method: FLOWING Casing PSI: 925 Tubing PSI: 650 Choke Size: 14/64 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1323 API Gravity Oil: 56 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6831 Tbg setting date: 11/10/2010 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 Status: COMMINGLED

Treatment Date: 10/12/2010 Date of First Production this formation: _____

Perforations Top: 6558 Bottom: 6744 No. Holes: 94 Hole size: 35/100

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

PREF'D NIOBRARA "A" 6558'-6560' (4 HOLES), NIOBRARA "B" 6674'-6682' (24 HOLES), NIOBRARA "C" 6742'-6744' (6 HOLES) REFRAC'D NIOBRARA WITH 24 BBLs OF 15% HCL, 118 BBLs OF FE-1A PAD, 952 BBLs OF SLICKWATER PAD, 1473 BBLs OF PHASER 22# PAD, 2101 BBLs OF PHASER 22# FLUID SYSTEM AND 250020 LBS OG 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: _____

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: 12/2/2010 Email LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Name
2591560	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)