


<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;">2592542</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>JEFF GLOSSA</u>					
2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u>		Phone: <u>(303) 860-3972</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>05-123-11265-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>ANDERSON</u>		Well Number: <u>1-10</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>10</u>	Township: <u>6N</u>	Range: <u>66W</u> Meridian: <u>6</u>				
9. Field Name: <u>EATON</u>		Field Code: <u>19350</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>10/22/2010</u>		Date of First Production this formation: <u>11/08/2010</u>					
Perforations Top: <u>7056</u>	Bottom: <u>7370</u>	No. Holes: <u>70</u>	Hole size: <u>35/100</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							
<b>Test Information:</b>							
Date: <u>12/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>23</u>	Mcf Gas: <u>33</u> Bbls H2O: <u>8</u>				
Calculated 24 hour rate:		Bbls oil: <u>23</u>	Mcf Gas: <u>33</u> Bbls H2O: <u>8</u> GOR: <u>1435</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>675</u>	Tubing PSI: <u>575</u>	Choke Size: <u>19/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1279</u>	API Gravity Oil: <u>44</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7332</u>	Tbg setting date: <u>10/29/2010</u>	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:					

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>			
Treatment Date: <u>10/22/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7056</u>	Bottom: <u>7188</u>	No. Holes: <u>28</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px;">NIOBRARA "A" PERFS 7056'-7058' (4HOLES), NIOBRARA "B" PERFS 7180'-7188' (24 SHOTS) FRAC'D NIOBRARA WITH 24 BBLs OF 15% HCL, 1548 BBLs OF SLICKWATER PAD, 143 BBLs OF PHASER 22# PAD, 2202 BBLs OF PHASER 22# FLUID SYSTEM AND 250020 LBS OF 30/50 WHITE SAND.</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>
-------------------------------------------------------------------------------------

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>JEFF GLOSSA</u>	
Title: <u>SR ENGINEERING TECH</u>	Date: <u>1/10/2011</u>	Email <u>JGLOSSA@PETD.COM</u>	

### Attachment Check List

Att Doc Num	Name
2592542	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)