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

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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
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION
3. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
4. Contact Name: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-045-16108-00
6. County: GARFIELD
7. Well Name: Puckett
Well Number: 21B-24D
8. Location: QtrQtr: NWNW Section: 24 Township: 6S Range: 97W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 01/06/2011 Date of First Production this formation: 01/20/2011

Perforations Top: 7414 Bottom: 8972 No. Holes: 256 Hole size:

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

Frac'd using 18650 bbls of slickwater gel and 867896 lbs of 30/50 mesh white sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/28/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 1028 Bbls H2O: 96

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1028 Bbls H2O: 96 GOR: 21800

Test Method: Flowing Casing PSI: 1050 Tubing PSI: 550 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1075 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8795 Tbg setting date: 01/13/2011 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: Jeff Glossa

Title: Sr Engineering Tech Date: Email: jglossa@petd.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)