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 05-123-32473-00
6. County: WELD
7. Well Name: Purvis
Well Number: 10TD
8. Location: QtrQtr: NWSE Section: 10 Township: 4N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/04/2011 Date of First Production this formation:

Perforations Top: 7526 Bottom: 7534 No. Holes: 24 Hole size:

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

Frac'd Codell with 478 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 2021 bbls of pHaser 22# fluid system, 218360 lbs 20/40 white sand, 8000 lbs 20/40 SB Excel resin coated proppant.

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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: Date of First Production this formation: 03/25/2011

Perforations Top: 7226 Bottom: 7534 No. Holes: 64 Hole size:

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

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

Test Information:

Date: 04/30/2011 Hours: 24 Bbls oil: 28 Mcf Gas: 108 Bbls H2O: 11

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 108 Bbls H2O: 11 GOR: 3857

Test Method: Flowing Casing PSI: 805 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 12889 API Gravity Oil: 52

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:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/04/2011 Date of First Production this formation:

Perforations Top: 7226 Bottom: 7420 No. Holes: 40 Hole size:

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

Perf'd Niobrara "A" 7226-28' (4 holes), Niobrara "B" 7332-7338' (18 holes), Niobrara "C" 7414-7420' (18 holes)
Frac'd Niobrara with 24 bbls of 15% HCL, 1550 bbls Slickwater pad, 145 bbls of pHaser 20# pad, 2232 bbls of pHaser 20# fluid system, 239120 lbs of 20/40 white sand, 12000 lbs 20/40 SB Excel resin coated proppant

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: 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)