

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 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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">2592506</div>				
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: <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>05-123-19826-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>J & L FARMS</u>	Well Number: <u>44-29</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>29</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/01/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6792</u> Bottom: <u>6801</u>	No. Holes: <u>52</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

REPERF CODELL 6792'-6800 (24 HOLES)
 REFRAC'D CODELL W/ 715 BBLS OF 26# PHASER PAS, 2019 BBLS OF PHASER 26# FLUID SYSTEM, 217420 BLS OF 30/50 WHITE SAND AND 8000 LBS OF SB EXCEL 20/40 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/01/2010 Date of First Production this formation: 11/09/2010

Perforations Top: 6518 Bottom: 6801 No. Holes: 80 Hole size: 35/100

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

REOMVE BRIDGE PLUG AN D COMMINGLE CODELL WITH NIOBRARA ON 12/23/10

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/01/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 34 Bbls H2O: 1

Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 34 Bbls H2O: 1 GOR: 4857

Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1360 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6780 Tbg setting date: 10/23/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 10/11/2010 Date of First Production this formation: _____

Perforations Top: 6518 Bottom: 6620 No. Holes: 28 Hole size: 35/100

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

PERF NIOBRARA "A" 6158'-6520' (4 HOLES) AND NIOBRARA "B" 6612'-6620' (24 HOLES)
FRAC'D BIOBRARA USING 24 BBLs 15% HCL, 940 BBLs OF SLICKWATER PAD, 739 BBLs OF PHASER 22#, 2247 BBLs OF
PHASER 22# FLUID SYSTEM AND 250720 LBS OF 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: 1/4/2011 Email LROBBINS@PETD.COM
:

Attachment Check List

Att Doc Num	Name
2592506	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)