


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">2592506</div>	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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>69175</u></td> <td style="width: 50%;">4. Contact Name: <u>LARRY ROBBINS</u></td> </tr> <tr> <td>2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u></td> <td>Phone: <u>(303) 860-5822</u></td> </tr> <tr> <td>3. Address: <u>1775 SHERMAN STREET - STE 3000</u></td> <td>Fax: <u>(303) 860-5838</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u></td> <td></td> </tr> </table>				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>	
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>6792</u></td> <td style="width: 20%;">Bottom: <u>6801</u></td> <td style="width: 20%;">No. Holes: <u>52</u></td> <td style="width: 20%;">Hole size: <u>38/100</u></td> </tr> </table>				Perforations	Top: <u>6792</u>	Bottom: <u>6801</u>	No. Holes: <u>52</u>	Hole size: <u>38/100</u>			
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> 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. </div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
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<table style="width: 100%;"> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td>Choke Size: _____</td> </tr> </table>				Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
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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: _____											

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>10/01/2010</u>		Date of First Production this formation: <u>11/09/2010</u>			
Perforations	Top: <u>6518</u>	Bottom: <u>6801</u>	No. Holes: <u>80</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
REOMVE BRIDGE PLUG AN D COMMINGLE CODELL WITH NIOBRARA ON 12/23/10					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>12/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>7</u>	Mcf Gas: <u>34</u>	Bbls H2O: <u>1</u>	
Calculated 24 hour rate:		Bbls oil: <u>7</u>	Mcf Gas: <u>34</u>	Bbls H2O: <u>1</u>	GOR: <u>4857</u>
Test Method: <u>FLOWING</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1360</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6780</u>	Tbg setting date: <u>10/23/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/11/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6518</u>	Bottom: <u>6620</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"/>		
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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%; margin-top: 5px;"></div>
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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)