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|---|--|---|---|---------------------------------------|--|---|------------------------------|--|----------------------------|---|--|
| 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> Document Number: <div style="text-align: center; font-weight: bold;">400155984</div> | DE | ET | OE | ES | | | | |
| DE | ET | OE | ES | | | | | | | | |
| 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>Jeff Glossa</u></td> </tr> <tr> <td>2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u></td> <td>Phone: <u>(303) 831-3972</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>Jeff Glossa</u> | 2. Name of Operator: <u>PETROLEUM DEVELOPMENT CORPORATION</u> | Phone: <u>(303) 831-3972</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> | |
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| <u>Completed Interval</u> | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> </table> | | | | FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> | | | | | | |
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| <table style="width: 100%;"> <tr> <td style="width: 40%;">Treatment Date: <u>03/10/2011</u></td> <td style="width: 60%;">Date of First Production this formation: _____</td> </tr> </table> | | | | Treatment Date: <u>03/10/2011</u> | Date of First Production this formation: _____ | | | | | | |
| Treatment Date: <u>03/10/2011</u> | Date of First Production this formation: _____ | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>7083</u></td> <td style="width: 20%;">Bottom: <u>7095</u></td> <td style="width: 20%;">No. Holes: <u>48</u></td> <td style="width: 20%;">Hole size: _____</td> </tr> </table> | | | | Perforations | Top: <u>7083</u> | Bottom: <u>7095</u> | No. Holes: <u>48</u> | Hole size: _____ | | | |
| Perforations | Top: <u>7083</u> | Bottom: <u>7095</u> | No. Holes: <u>48</u> | Hole size: _____ | | | | | | | |
| Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/> | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> Re-Perf'd Codell 7083-91' (24 new holes) Original prefs 7085-95' (24 holes) Re-Frac'd Codell w/ 598 bbls of 26# pHaser pad, 2004 bbls of 26# pHaser, 218660# 20/40, 8000# 20/40 SB Excel </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: _____ | | | |
| Calculated 24 hour rate: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ | | | | | | | |
| <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: _____ | | | | |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | | | | | | | |
| <table style="width: 100%;"> <tr> <td>Gas Disposition: _____</td> <td>Gas Type: _____</td> <td>BTU Gas: _____</td> <td>API Gravity Oil: _____</td> </tr> </table> | | | | Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | | | | | | | |
| <table style="width: 100%;"> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td>Packer Depth: _____</td> </tr> </table> | | | | Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | | | |
| 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: _____ | | | | | | | | | | | |

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|---|-----------------------------------|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: _____ | | Date of First Production this formation: <u>04/08/2011</u> | |
| Perforations | Top: <u>6795</u> | Bottom: <u>6922</u> | No. Holes: <u>72</u> Hole size: _____ |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Perf'd Niobrara "A" 6795-97' (4 holes) Niobrara "B" 6914-22' (24 holes) Frac'd Niobrara w/ 1349 bbls of slickwater pad, 144 bbl 20# pHaser pad, 2061 bbls of 20# pHaser, 239260# 20/40, 12000# 20/40 SB Excel Re-Perf'd Codell 7083-91' (24 new holes) Original prefs 7085-95' (24 holes) Re-Frac'd Codell w/ 598 bbls of 26# pHaser pad, 2004 bbls of 26# pHaser, 218660# 20/40, 8000# 20/40 SB Excel | | | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" 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: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7068</u> | Tbg setting date: <u>03/25/2011</u> | 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: _____ | |

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|---|-----------------------------|---|---|
| FORMATION: <u>NIOBRARA</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>03/10/2011</u> | | Date of First Production this formation: _____ | |
| Perforations | Top: <u>6795</u> | Bottom: <u>6922</u> | No. Holes: <u>28</u> Hole size: _____ |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Perf'd Niobrara "A" 6795-97' (4 holes) Niobrara "B" 6914-22' (24 holes) Frac'd Niobrara w/ 1349 bbls of slickwater pad, 144 bbl 20# pHaser pad, 2061 bbls of 20# pHaser, 239260# 20/40, 12000# 20/40 SB Excel Excel | | | |
| 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%;"></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: _____ | |

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|---|
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 4/19/2011 Email jglossa@petd.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400155984 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)