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|---|--|---|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>  |  |   | Document Number:<br><br><div style="text-align: center; font-weight: bold;">400160029</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>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>        |                                     |

|   |                          |
|---|--------------------------|
| 5. API Number <u>05-123-22600-00</u>  | 6. County: <u>WELD</u>   |
| 7. Well Name: <u>KREPS</u>  | Well Number: <u>43-6</u> |
| 8. Location: QtrQtr: <u>NESE</u> Section: <u>6</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u> |                          |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>   |                          |

Completed Interval

|   |  |
|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u>   | Status: <u>PRODUCING</u>                                   |
| Treatment Date: _____   | Date of First Production this formation: <u>03/20/2011</u> |
| Perforations Top: <u>6713</u> Bottom: <u>7032</u>   | No. Holes: <u>98</u> Hole size: _____                      |
| Provide a brief summary of the formation treatment: _____   | Open Hole: <input type="checkbox"/>                        |
| Perf Niobrara "A" 6713-6715' (4 holes), Niobrara "B" 6848-56' (24 holes) Niobrara "C" 6914-20' (18 holes) Niobrara 6901-03 (mis-fired 4 holes) Original perms 6720-6860 (14 holes)<br>Frac'd Niobrara w/ 24 bbls 15% acid, 120 bbls FE-1A Pad, 2023 bbls of slickwater pad, 143 bbls of 20#pHaser pad, 2874 bbls 20# pHaser, 338020# 30/50, 12,000# 20/40 SB Excel<br>Re-Perf Codell 7024-7032 (24 new holes) Original perf 7026-31' (10 holes)<br>Re-Frac'd Codell w/ 119 bbl Active Pad, 596 bbls of 26# pHaser pad, 1943 bbls of 26# pHaser, 217680# 20/40 , 8000 ibs 20/40 SB Excel |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| <b>Test Information:</b>  |  |
| Date: <u>03/31/2011</u> Hours: <u>24</u> Bbls oil: <u>46</u> Mcf Gas: <u>79</u> Bbls H2O: <u>0</u>  |  |
| Calculated 24 hour rate: _____ Bbls oil: <u>46</u> Mcf Gas: <u>79</u> Bbls H2O: <u>0</u> GOR: <u>1716</u>   |  |
| Test Method: <u>Flowing</u> Casing PSI: <u>1700</u> Tubing PSI: <u>1280</u> Choke Size: <u>16/64</u>  |  |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1273</u> API Gravity Oil: <u>46</u>   |  |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6771</u> Tbg setting date: <u>03/24/2011</u> Packer Depth: _____   |  |
| Reason for Non-Production:<br><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: _____   |  |

Comment:

**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: 4/28/2011 Email jglossa@petd.com  
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**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400160029   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)