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 05-123-28116-00
6. County: WELD
7. Well Name: Moody
Well Number: 41-32D
8. Location: QtrQtr: SWNE Section: 32 Township: 7N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/30/2011 Date of First Production this formation:

Perforations Top: 7581 Bottom: 7589 No. Holes: 24 Hole size:

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

Frac'd Codell with 477 bbl Slickwater Pad, 144 bbls of 22# pHaser pad, 1985 bbls 22# pHaser fluid system, 217900 lbs of 20/40 Preferd Rock 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: Date of First Production this formation: 05/12/2011

Perforations Top: 7275 Bottom: 7589 No. Holes: 52 Hole size:

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

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

Test Information:

Date: 06/30/2011 Hours: 24 Bbls oil: 32 Mcf Gas: 36 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 36 Bbls H2O: 16 GOR: 1125

Test Method: Flowing Casing PSI: 1923 Tubing PSI: 878 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1585 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 1567 Tbg setting date: 05/17/2011 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: 04/30/2011 Date of First Production this formation:

Perforations Top: 7275 Bottom: 7408 No. Holes: 28 Hole size:

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

Perf Niobrara "A" 7275-7277' (4 holes), Niobrara "B" 7400-7408' (24 holes)
Frac'd Niobrara 128 bbl FE-1A Pad, 1549 bbls Slickwater pad, 145 bbls 20# pHaser pad, 2219 bbls 20# pHaser fluid system, 239160 lbs of 20/40 Preferd Rock and 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)