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|---|---|---|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08   | State of Colorado<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>400166712   |    |    |    |    |
| 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>05-123-31150-00</u>   | 6. County: <u>WELD</u>     |
| 7. Well Name: <u>Binder</u>  | Well Number: <u>10-CDU</u> |
| 8. Location: QtrQtr: <u>SENW</u> Section: <u>10</u> Township: <u>4N</u> Range: <u>67W</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>01/26/2011</u>  | Date of First Production this formation: _____ |
| Perforations Top: <u>7528</u> Bottom: <u>7536</u>  | No. Holes: <u>24</u> Hole size: _____          |
| Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>  |  |
| Frac'd Codell with 479 bbls of slickwater pad, 144 bbls of 22# pHaser pad, 1995 bbls of 22# pHaser fluid system, 217540# of 20/40 Prefrd Rock and 8000# 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: NIORARA-CODELL Status: PRODUCING

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 02/22/2011

Perforations Top: 7203 Bottom: 7536 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: 25 Mcf Gas: 130 Bbls H2O: 1

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 25 Mcf Gas: 130 Bbls H2O: 1 GOR: 5200

Test Method: Flowing Casing PSI: 756 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 51

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: NIORARA Status: COMMINGLED

Treatment Date: 01/26/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7203 Bottom: 7320 No. Holes: 28 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perf'd Niobrara "A" 7203-7205' (4 holes), Niobrara "B" 7312-7320' (24 holes)  
Frac'd Niobrara w/ 119 bbl FE-1A Pad, 1548 bbls Slickwater pad, 144 20# bbls of pHaser pad, 2281 bbls 20# pHaser fluid system, 238220# 20/40 Prefrd Rock and 12000# 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: \_\_\_\_\_

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: 7/5/2011 Email kglossa@petd.com  
:

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400166712   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)