

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 with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400184619

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 05-123-32526-00
6. County: WELD
7. Well Name: Knievel
Well Number: 12BD
8. Location: QtrQtr: NESW Section: 12 Township: 6N Range: 67W Meridian: 6
9. Field Name: SEVERANCE Field Code: 77030

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/15/2011 Date of First Production this formation:
Perforations Top: 7363 Bottom: 7371 No. Holes: 24 Hole size: 23/64

Provide a brief summary of the formation treatment: Open Hole:
Frac'd Codell with 476 bbls of slickwater pad, 144 bbls of pHaser 22# pad, 2009 bbls of pHaser 22# fluid system, 217840 lbs of 20/40 and 8000 lbs of 20/40 SB Excel.

This formation is commingled with another formation: [X] 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: 07/05/2011

Perforations Top: 7060 Bottom: 7371 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: 07/31/2011 Hours: 24 Bbls oil: 57 Mcf Gas: 27 Bbls H2O: 17

Calculated 24 hour rate: _____ Bbls oil: 57 Mcf Gas: 27 Bbls H2O: 17 GOR: 474

Test Method: Flowing Casing PSI: 2032 Tubing PSI: 908 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1335 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7145 Tbg setting date: 07/05/2011 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: 06/15/2011 Date of First Production this formation: _____

Perforations Top: 7060 Bottom: 7194 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 7060-7062' (4 holes), Niobrara "B" 7186-7194' (24 holes)
 Frac'd Niobrara 119 bbl FE-1A pad, 1557 bbls Slickwater pad, 143 bbls 22# pHaser pad, 2258 bbls of pHaser 20# fluid system, 238840 lbs of 20/40, 12000 20/40 SB Excel.

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: 9/8/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400184619	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)