

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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Document Number:

400210831

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 4. Contact Name: Jeff Glossa  
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 831-3972  
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838  
City: DENVER State: CO Zip: 80203

5. API Number 05-123-33575-00 6. County: WELD  
7. Well Name: Green Well Number: 13-24H  
8. Location: QtrQtr: NWSW Section: 24 Township: 7N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|   |  |
|---|--|
| FORMATION: <u>NIOBRARA</u>  | Status: <u>PRODUCING</u>   |
| Treatment Date: <u>07/27/2011</u>   | Date of First Production this formation: <u>08/01/2011</u>                     |
| Perforations Top: <u>7293</u> Bottom: <u>11545</u>  | No. Holes: _____ Hole size: _____  |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>  |
| <u>Frac'd W/ 72883 bbl 24# fluid system, 3872000 # 20/40 Sand in 16 stages</u>  |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| <b>Test Information:</b>  |  |
| Date: <u>08/31/2011</u> Hours: <u>24</u>  | Bbls oil: <u>263</u> Mcf Gas: <u>487</u> Bbls H2O: <u>188</u>                  |
| Calculated 24 hour rate:  | Bbls oil: <u>263</u> Mcf Gas: <u>487</u> Bbls H2O: <u>188</u> GOR: <u>1852</u> |
| Test Method: <u>Flowing</u>   | Casing PSI: <u>872</u> Tubing PSI: <u>487</u> Choke Size: <u>20/64</u>         |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u> BTU Gas: <u>1331</u> API Gravity Oil: <u>45</u>           |
| Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>6231</u>   | Tbg setting date: <u>07/31/2011</u> Packer Depth: _____                        |
| Reason for Non-Production: _____  |  |
| 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:

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**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
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Total: 0 comment(s)