

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400210831

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 05-123-33575-00
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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 07/27/2011 Date of First Production this formation: 08/01/2011

Perforations Top: 7293 Bottom: 11545 No. Holes: 0 Hole size:

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

Frac'd W/ 72883 bbl 24# fluid system, 3872000 # 20/40 Sand in 16 stages

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/31/2011 Hours: 24 Bbls oil: 263 Mcf Gas: 487 Bbls H2O: 188

Calculated 24 hour rate: Bbls oil: 263 Mcf Gas: 487 Bbls H2O: 188 GOR: 1852

Test Method: Flowing Casing PSI: 872 Tubing PSI: 487 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 45

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6231 Tbg setting date: 07/31/2011 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:

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: 10/4/2011 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Name
400210831	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)