

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:
400208823

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 05-123-33038-00 6. County: WELD
 7. Well Name: Coors Energy Well Number: 14-25H
 8. Location: QtrQtr: SWSW Section: 25 Township: 3N Range: 64W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 09/21/2011 Date of First Production this formation: 09/25/2011
 Perforations Top: 7297 Bottom: 11029 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac'd Niobrara with 12 bbls of 15% HCL, 1523 bbls Slickwater pad, 180 bbls of Vistar 18# pad, 2410 bbls of Vistar 18# fluid system, 238100 lbs of 30/50 white sand and 12180 lbs of SB Excel 20/40 resin coated proppant.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/12/2011 Hours: 24 Bbls oil: 345 Mcf Gas: 386 Bbls H2O: 161
 Calculated 24 hour rate: Bbls oil: 345 Mcf Gas: 386 Bbls H2O: 161 GOR: 1119
 Test Method: Flowing Casing PSI: 1742 Tubing PSI: 752 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 43
 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

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