

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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
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 05-123-33038-00
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: WATTENBERG Field Code: 90750

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 [X] 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: 11/7/2011 Email jglossa@petd.com

Attachment Check List

Att Doc Num	Name
400208823	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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