

State of Colorado Oil and Gas Conservation Commission

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COGCC



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Complete the Attachment Checklist



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: 120 Genesis Blvd., Charles Pointe, PO Box 26
4. Contact Name: Larry Robbins
5. API Number: 05-123-25945
6. County: Weld
7. Well Name: Butterball
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW Sec 19 T3N R64W 6th PM

wellbore diagram [checked]

FORMATION: NB-CD Status: Producing Comm
Treatment Date: Date of First Production this formation: 08/21/2007
Perforations Top: 6790' Bottom: 7034' No. Holes: 84 Hole size: 0.34" & 0.39"
Provide a brief summary of the formation treatment: Drilled out plug to commingle the Codell with the Niobrara.
This formation is commingled with another formation []
Test Information: Date: 10/01/2007 Hours: 24 Bbils oil: 25 Mcf Gas: 129 Bbils H2O: 4
Calculated 24 hour rate: Bbils oil: 25 Mcf Gas: 129 Bbils H2O: 4 GOR: 5160
Test Method: flowing Casing PSI: 900 Tubing PSI: 600 Choke size: 16/64"
Gas Disposition: Sold Gas Type: Wet BTU Gas: 1238 API Gravity Oil: 53.6
Tubing Size: 2 3/8" Tubing Setting Depth: 7003' Tbg setting date: 07/19/2007 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeezed [] Yes [] No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

FORMATION: Status:
Treatment Date: Date of First Production this formation:
Perforations Top: Bottom: No. Holes Hole size:
Provide a brief summary of the formation treatment: Open Hole []
This formation is commingled with another formation []
Test Information: Date: Hours: Bbils oil: Mcf Gas: Bbils H2O:
Calculated 24 hour rate: Bbils oil: Mcf Gas: Bbils 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: Squeezed [] Yes [] No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Print Name: Larry Robbins Email: lrobbins@petd.com
Signature: [Handwritten Signature] Title: Regulatory Agent Date: 10/18/2007