

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:

2511298

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: LARRY ROBBINS

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

Phone: (303) 860-5822

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-30910-00

6. County: WELD

7. Well Name: Cozzens

Well Number: 8CD

8. Location: QtrQtr: NENE Section: 8 Township: 6N Range: 65W Meridian: 6

9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	05/04/2010	Date of First Production this formation:	05/18/2010
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Perforations	Top:	7029	Bottom:	7302	No. Holes:	28	Hole size:	34/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

NIOBRARA "A" 7029'-7031' (4 HOLES), NIOBRARA "B" 7144'-7150' (12 HOLES) AND CODELL 7296'-7302' (12 HOLES). FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 909 BBLS SLICKWATEF PAD, 716 BBLS PHASER 22# PAD, 2321 BBLS OF PHASER 22# FLUID SYSTEM, 335,220 LBS OF 30/50 WHITE SAND AND 16,000 LBS OF SB EXCEL 20/40 RESIN COATED PROPPANT.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	07/01/2010	Hours:	24	Bbls oil:	63	Mcf Gas:	119	Bbls H2O:	12
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Calculated 24 hour rate:	Bbbs oil:	63	Mcf Gas:	119	Bbbs H2O:	12	GOR:	1889
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Test Method: FLOWING	Casing PSI: 926	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1319	API Gravity Oil:	49
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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: LARRY ROBBINS

Title: REGULATORY

Date: 8/2/2010

Email LROBBINS@PETD.COM
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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: David S. Neslin

Director of COGCC

Date: 11/29/2010

Attachment Check List

Att Doc Num	Name
2511293	CEMENT JOB SUMMARY
2511298	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)