

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:

400233454

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 05-123-33542-00 6. County: WELD
7. Well Name: Brown Well Number: 13-2H
8. Location: QtrQtr: NWSW Section: 2 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/10/2011</u>		Date of First Production this formation: <u>10/17/2011</u>	
Perforations	Top: <u>7281</u> Bottom: <u>10794</u>	No. Holes: <u>15</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd in 15 stages using 62626 bbl slickwater slurry system 3,330,000 # 20/40 sand</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>10/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>252</u>	Mcf Gas: <u>166</u> Bbls H2O: <u>321</u>
Calculated 24 hour rate:		Bbls oil: <u>252</u>	Mcf Gas: <u>166</u> Bbls H2O: <u>321</u> GOR: <u>659</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>928</u>	Tubing PSI: <u>493</u>	Choke Size: <u>5/16</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1317</u>	API Gravity Oil: <u>42</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6445</u>	Tbg setting date: <u>10/14/2011</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

Comment:

Surface cement invoice attached

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: 12/16/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400233454	FORM 5A SUBMITTED
400233455	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)