

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: PDC ENERGY INC
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 05-123-21656-00
6. County: WELD
7. Well Name: UHRICH Well Number: 43-8
8. Location: QtrQtr: NESE Section: 8 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6890 Bottom: 7063 No. Holes: 53 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/20/2012 Hours: 24 Bbl oil: 8 Mcf Gas: 86 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 86 Bbl H2O: 5 GOR: 1075
Test Method: Flowing Casing PSI: 484 Tubing PSI: 280 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7046 Tbg setting date: 03/23/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORRARA Status: COMMINGLED Treatment Type: _____
 Treatment Date: 03/20/2012 End Date: _____ Date of First Production this formation: _____
 Perforations Top: 6828 Bottom: 6896 No. Holes: 39 Hole size: 13/32

Provide a brief summary of the formation treatment: _____ Open Hole:
 Perf'd Niobrara "A" 6828-6831' (9 holes), Niobrara "B" 6886-6896' (30 holes)
 Frac'd Niobrara w/ 24 bbl 15% HCl, 119 bbl FE-1A pad, 801 bbls of Slickwater pad, 600 bbls of pHaser 24# pad, 2223 bbls of pHaser 24# fluid system and 238780# of 20/42 Preferred Rock, 12000 # 20/40 SB Excel.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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: 5/3/2012 Email: jglossa@petd.com

Attachment Check List

Att Doc Num	Name
400270611	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)