

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400309917

Date Received:

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: PDC ENERGY INC Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-22573-00 6. County: WELD
7. Well Name: ERICKSON Well Number: 24-4
8. Location: QtrQtr: SESW Section: 4 Township: 6N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/24/2012 End Date: 02/24/2012 Date of First Production this formation:
Perforations Top: 7112 Bottom: 7120 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: []

Re-Perf Codell

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2762 Max pressure during treatment (psi): 4071
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 26.00
Type of gas used in treatment: Max frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): 119 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 2762 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 225200 Rule 805 green completion techniques were utilized: [X]

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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/01/2012

Perforations Top: 6825 Bottom: 6954 No. Holes: 52 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: 04/30/2012 Hours: 24 Bbl oil: 16 Mcf Gas: 80 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 5011

Test Method: Flowing Casing PSI: 819 Tubing PSI: 661 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1213 API Gravity Oil: 49

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.

FORMATION: NIORRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 02/24/2012 End Date: 02/24/2012 Date of First Production this formation: _____

Perforations Top: 6825 Bottom: 6954 No. Holes: 28 Hole size: 27/64

Provide a brief summary of the formation treatment: _____ Open Hole:

Perf'd Niobrara "A" 6825-6827' (4 holes), Niobrara "B" 6946-6954' (24 holes)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3884 Max pressure during treatment (psi): 5582

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 20.00

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 119 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 3884 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250140 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: _____ Email jglossa@petd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)