

FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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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, reoperation 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: Jenifer Hakkarinen
 2. Name of Operator: PDC ENERGY INC Phone: (303) 8605800
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 8605838
 City: DENVER State: CO Zip: 80203

5. API Number 05-123-21106-00 6. County: WELD
 7. Well Name: RUDOLPH Well Number: 2-34
 8. Location: QtrQtr: SESW Section: 2 Township: 5N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
 Treatment Date: 04/20/2012 End Date: 04/20/2012 Date of First Production this formation: _____
 Perforations Top: 7208 Bottom: 7216 No. Holes: 24 Hole size: 23/34
 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): 2943 Max pressure during treatment (psi): 3632
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Max frac gradient (psi/ft): 1.00
 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): 2824 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 250720 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: SOLD Gas Type: WET 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: 03/05/2012

Perforations Top: 6716 Bottom: 7216 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: 06/30/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 87 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 87 Bbl H2O: 0 GOR: 5803

Test Method: Flowing Casing PSI: 1375 Tubing PSI: 7025 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1330 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7195 Tbg setting date: 05/15/2012 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: FRACTURE STIMULATION

Treatment Date: 04/27/2012 End Date: 04/27/2012 Date of First Production this formation: _____

Perforations Top: 6716 Bottom: 6854 No. Holes: 28 Hole size: 27/64

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

Perf'd Niobrara "A" 6716-6718' (4 holes), Niobrara "B" 6846-6854' (24 holes)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4091 Max pressure during treatment (psi): 4991

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): 0.88

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

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

Fresh water used in treatment (bbl): 4091 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250720 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: Jenifer Hakkarinen
Title: Regulatory Analyst Date: _____ Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Name
400310178	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)