

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400325723

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

5. API Number 05-123-26273-00  
6. County: WELD  
7. Well Name: Guttersen  
Well Number: 33-12  
8. Location: QtrQtr: NWSE Section: 12 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 07/11/2012 End Date: 07/11/2012 Date of First Production this formation: 03/21/2008  
Perforations Top: 6810 Bottom: 6818 No. Holes: 24 Hole size: 13/32  
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): 2609 Max pressure during treatment (psi): 4590  
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): 0.64  
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): 2609 Disposition method for flowback:  
Total proppant used (lbs): 250000 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: 2 + 3/8 Tubing Setting Depth: 7210 Tbg setting date: 06/27/2012 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6613 Bottom: 6818 No. Holes: 56 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): 12

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](http://FracFocus.org)**

**Test Information:**

Date: 07/24/2012 Hours: 24 Bbl oil: 9 Mcf Gas: 31 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 31 Bbl H2O: 9 GOR: 3

Test Method: Flowing Casing PSI: 849 Tubing PSI: 4 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7210 Tbg setting date: 06/27/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 07/11/2012 End Date: 07/11/2012 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6613 Bottom: 6696 No. Holes: 32 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: Open Hole: ☐

Nio "C" bench A 6688-6696, Nio "A" bench A 6613-6617

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

Total fluid used in treatment (bbl): 3696 Max pressure during treatment (psi): 5077  
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): 0.94  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 1  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 12  
Fresh water used in treatment (bbl): 3696 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 250000 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
400325723	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)