

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



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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 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 05-123-26273-00 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

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: [X] 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: [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.

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

Table with 2 columns: Att Doc Num, Name. Row 1: 400325723, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)