| 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 **COMPLETED INTERVAL REPORT** | | DE | ET | OE | ES |

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT

DE	ET	OE	ES

Document Number:

400326089

Date Received:

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: _____

    Phone: _____

    Fax: _____

5. API Number 05-123-26279-00

6. County: WELD

7. Well Name: GUTTERSEN   Well Number: 31-13

8. Location: QtrQtr: NWNE   Section: 13   Township: 3N   Range: 64W   Meridian: 6

9. Field Name: _____   Field Code: _____

Completed Interval

FORMATION: CODELL   Status: COMMINGLED   Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/18/2012   End Date: _____   Date of First Production this formation: _____

Perforations   Top: 6800   Bottom: 6808   No. Holes: 24   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): 3240   Max pressure during treatment (psi): 7237

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): 119   Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 3121   Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 225000   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.

FORMATION: NIOBRARA-CODELL   Status: PRODUCING   Treatment Type: FRACTURE STIMULATION

Treatment Date: _____   End Date: _____   Date of First Production this formation: 09/02/2008

Perforations   Top: 6531   Bottom: 6808   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: 07/12/2012   Hours: 24   Bbl oil: 1   Mcf Gas: 13   Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 1   Mcf Gas: 13   Bbl H2O: 1   GOR: 13

Test Method: Flowing   Casing PSI: 471   Tubing PSI: 417   Choke Size: 16/64

Gas Disposition: SOLD   Gas Type: WET   Btu Gas: 1330   API Gravity Oil: 47

Tubing Size: 2 + 3/8   Tubing Setting Depth: 6402   Tbg setting date: 07/18/2012   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: 07/20/2012   End Date: 07/20/2012   Date of First Production this formation:

Perforations   Top: 6531   Bottom: 6589   No. Holes: 28   Hole size: 27/64

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

Nio Bench "A" 6531-6533 Nio Bench "B" 6581-6589

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

Total fluid used in treatment (bbl): 4065	Max pressure during treatment (psi): 4883
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): 24	Number of staged intervals: 1
Recycled water used in treatment (bbl):	Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 4041	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 251050	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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)