

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:

400338805

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 05-123-22771-00
6. County: WELD
7. Well Name: BAY FAMILY TRUST
Well Number: 32-1
8. Location: QtrQtr: SWNE Section: 1 Township: 6N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/11/2012 End Date: 05/11/2012 Date of First Production this formation: 05/24/2012
Perforations Top: 7072 Bottom: 7080 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): 2781 Max pressure during treatment (psi): 7786
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 7.93
Type of gas used in treatment: Min 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): 0
Fresh water used in treatment (bbl): 2662 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 227700 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 + 7/8 Tubing Setting Depth: 6703 Tbg setting date: 05/10/2012 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: 05/24/2012

Perforations Top: 6792 Bottom: 7080 No. Holes: 58 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: _____ Min frac gradient (psi/ft): _____

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 0

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: 08/16/2012 Hours: 24 Bbl oil: 12 Mcf Gas: 64 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 64 Bbl H2O: 1 GOR: 267

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 600 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/14/2012 End Date: 05/15/2012 Date of First Production this formation: 05/24/2012
Perforations Top: 6792 Bottom: 6913 No. Holes: 34 Hole size: 27/64
Provide a brief summary of the formation treatment: Open Hole: ☐

Nio Bench "A" @ 6792-6794', Bench "B" @ 6905-6913'

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

Total fluid used in treatment (bbl): 3972

Max pressure during treatment (psi): 5221

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 6.52

Type of gas used in treatment:

Min 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): 0

Fresh water used in treatment (bbl): 3948

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 259080

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 + 7/8 Tubing Setting Depth: 6703 Tbg setting date: 05/10/2012 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.

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)