

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, 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 05-123-22771-00 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: [X] 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: [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: 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: NIORARA-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**

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