

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:

400310321

Date Received:

08/29/2012

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 05-123-21390-00
6. County: WELD
7. Well Name: WEBSTER
Well Number: 42-11
8. Location: QtrQtr: SENE Section: 11 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/05/2012</u>		End Date: <u>06/05/2012</u>		Date of First Production this formation: <u>06/23/2012</u>	
Perforations	Top: <u>7138</u>	Bottom: <u>7145</u>	No. Holes: <u>24</u>	Hole size: <u>13/32</u>	

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

(219,000 lbs Ottawa) (8,000 lbs SBXL 20/40. MTP = 4313 psi, ATP = 3973 psi, AIR = 21.4 bpm. Pressure response was slightly positive for entire treatment.

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

Total fluid used in treatment (bbl): <u>2668</u>	Max pressure during treatment (psi): <u>4313</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>26.00</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.00</u>
Total acid used in treatment (bbl): <u>119</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>2549</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>227000</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2171</u>	Tbg setting date: <u>06/05/2012</u>	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: 06/05/2012 End Date: 06/05/2012 Date of First Production this formation: 06/23/2012

Perforations Top: 6837 Bottom: 7145 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: _____ 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): _____

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: 06/05/2012 Hours: 24 Bbl oil: 26 Mcf Gas: 111 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 111 Bbl H2O: 1 GOR: 4269

Test Method: Flowing Casing PSI: 841 Tubing PSI: 583 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1255 API Gravity Oil: 18

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2171 Tbg setting date: 05/31/2012 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: 06/05/2012 End Date: 06/02/2012 Date of First Production this formation: 05/31/2012
Perforations Top: 6837 Bottom: 6974 No. Holes: 28 Hole size: 27/64
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara "B" Bench @ 6966'-6974' (3 SPF) Niobrara "A" Bench @ 6837' - 6839' (2 SPF) (28 New holes) (237,040 lbs Ottawa 20/40) (12,000 20/40 SB Excel. MTP = 4961 psi, ATP = 4689 psi, AIR = 47.9 bpm. Pressure response was slightly negative for entire treatment.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 3910 Max pressure during treatment (psi): 4961
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 20.00
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00
Total acid used in treatment (bbl): _____ Number of staged intervals: 0
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 3910 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 249040 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: 2171 Tbg setting date: 06/05/2012 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: 8/29/2012 Email Jenifer.Hakkarinen@pdce.com
:

Attachment Check List

Att Doc Num	Name
400310321	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received and input more detailed frac info.	11/6/2012 1:21:08 PM
Permit	Requested more detailed frac information.	11/2/2012 9:11:25 AM

Total: 2 comment(s)