

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:
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: <u>69175</u>	4. Contact Name: <u>Jenifer Hakkarinen</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 8605800</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 8605838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

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

Completed Interval

FORMATION: CODELL Status: COMMINGLED 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: 7138 Bottom: 7145 No. Holes: 24 Hole size: 13/32

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): 2668 Max pressure during treatment (psi): 4313

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 26.00

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00

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): 2549 Disposition method for flowback: _____

Total proppant used (lbs): 227000 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.

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: NIORARA 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

User Group	Comment	Comment Date
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)