

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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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 05-123-26273-00 6. County: WELD 7. Well Name: Guttersen Well Number: 33-12 8. Location: QtrQtr: NWSE Section: 12 Township: 3N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/11/2012 End Date: 07/11/2012 Date of First Production this formation: 03/21/2008 Perforations Top: 6810 Bottom: 6818 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: []

217000 lbs Ottawa, 8000 lbs Super LC 20/40. RD BHI. MTP = 4590 psi, ATP = 4013 psi, AIR = 24.8 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2609 Max pressure during treatment (psi): 4590 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): 0.64 Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 2609 Disposition method for flowback: Total proppant used (lbs): 250000 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 + 3/8 Tubing Setting Depth: 7210 Tbg setting date: 06/27/2012 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: 08/23/2012

Perforations Top: 6613 Bottom: 6818 No. Holes: 56 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): 12

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: 07/24/2012 Hours: 24 Bbl oil: 9 Mcf Gas: 31 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 31 Bbl H2O: 9 GOR: 3444

Test Method: Flowing Casing PSI: 849 Tubing PSI: 4 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7210 Tbg setting date: 06/27/2012 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: 07/11/2012 End Date: 07/11/2012 Date of First Production this formation: _____
Perforations Top: 6613 Bottom: 6696 No. Holes: 32 Hole size: _____

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

Niobrara "C" Bench @ 6688'-6696' (3 SPF) Niobrara "A" Bench @ 6613' - 6617' (2 SPF) 32 New holes 238000 lbs Ottawa 20/40 12000 20/40 Super LC. RD HES. MTP = 5077 psi, ATP = 4834 psi, AIR = 49.8 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3696 Max pressure during treatment (psi): 5077

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): 0.94

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 12

Fresh water used in treatment (bbl): 3696 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250000 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: 9/12/2012 Email Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Name
400325723	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Received frac data.	11/8/2012 3:45:07 PM
Permit	Requested more detailed frac info and date of first production.	11/7/2012 2:51:25 PM

Total: 2 comment(s)