

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:

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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 05-123-20280-00

6. County: WELD

7. Well Name: SEELE

Well Number: 42-31

8. Location: QtrQtr: SENE Section: 31 Township: 4N

Range: 67W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>07/25/2012</u>		End Date: <u>07/25/2012</u>		Date of First Production this formation: <u>08/05/2012</u>	
Perforations	Top: <u>7346</u>	Bottom: <u>7354</u>	No. Holes: <u>24</u>	Hole size: <u>13/32</u>	

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

(217,160 lbs Preferred Rock) (8,000 lbs SBXL 20/40). RD HES. MTP = 3198 psi, ATP = 2942 psi, AIR = 19.4 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>2617</u>	Max pressure during treatment (psi): <u>3198</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.63</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.64</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): <u>1</u>
Fresh water used in treatment (bbl): <u>2552</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>225160</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>7336</u>	Tbg setting date: <u>07/25/2012</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** 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: 08/05/2012

Perforations Top: 7070 Bottom: 7354 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): 1

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

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: 08/30/2012 Hours: 24 Bbl oil: 14 Mcf Gas: 112 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 112 Bbl H2O: 1 GOR: 8000

Test Method: Flowing Casing PSI: 817 Tubing PSI: 474 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7336 Tbg setting date: 07/25/2012 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: 07/25/2012 End Date: 07/25/2102 Date of First Production this formation: 08/05/2012
Perforations Top: 7070 Bottom: 7138 No. Holes: 28 Hole size: 27/64

Provide a brief summary of the formation treatment:

Open Hole: ☐

Nio Bench "A" @ 7070-7072, Bench "B" @ 7130-7138, pressure response was slightly positive for entire treatment.

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

Total fluid used in treatment (bbl): 4140

Max pressure during treatment (psi): 3198

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.63

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): 1

Fresh water used in treatment (bbl): 4140

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 238080

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: 7336 Tbg setting date: 07/25/2012 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: Regulatroy 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)