

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: Jeff Glossa
2. Name of Operator: PDC ENERGY INC Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-22969-00 6. County: WELD
7. Well Name: BIXLER Well Number: 32-5
8. Location: QtrQtr: SWNE Section: 5 Township: 6N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/06/2012 End Date: 09/06/2012 Date of First Production this formation: 09/18/2012

Perforations Top: 6830 Bottom: 6838 No. Holes: 24 Hole size: 13/32

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

re perf Codell 6830-6838

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

Total fluid used in treatment (bbl): 2738

Max pressure during treatment (psi): 3852

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.22

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.98

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): 2619

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 225000

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: 6815 Tbg setting date: 09/18/2012 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: NIOBARRA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6561 Bottom: 6838 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: 09/26/2012 Hours: 24 Bbl oil: 81 Mcf Gas: 4 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 81 Mcf Gas: 4 Bbl H2O: 1 GOR: 4938

Test Method: Flowing Casing PSI: 800 Tubing PSI: 500 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1292 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6816 Tbg setting date: 09/18/2012 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: 09/06/2012 End Date: 09/06/2012 Date of First Production this formation: 09/18/2012

Perforations Top: 6561 Bottom: 6743 No. Holes: 28 Hole size: 13/32

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

NBRR Bench "A" @ 6561-6563, Bench "B" @ 6669-6677

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

Total fluid used in treatment (bbl): 4129 Max pressure during treatment (psi): 5339

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.99

Total acid used in treatment (bbl): 120 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 4129 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 253220 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: 6815 Tbg setting date: 09/18/2012 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: Jeff Glossa

Title: Sr Engineering Tech Date: _____ Email: Jeffrey.Glossa@pdce.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)