

**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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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
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 05-123-22802-00
6. County: WELD
7. Well Name: WELLS RANCH
Well Number: 23-15
8. Location: QtrQtr: NESW Section: 15 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/04/2012 End Date: 09/04/2012 Date of First Production this formation: 09/21/2012

Perforations Top: 6748 Bottom: 66756 No. Holes: 24 Hole size: 13/32

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

Codell ReFrac: (217,740 lbs Ottawa 20/40) (8,680 lbs SBXL 20/40). RD HES. MTP = 3937 psi, ATP = 3433 psi, AIR = 20.1 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>2718</u>	Max pressure during treatment (psi): <u>3937</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.64</u>
Total acid used in treatment (bbl): <u>125</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>2593</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>226420</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: 2 + 3/8 Tubing Setting Depth: 6699 Tbg setting date: 08/30/2012 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: 09/08/2012 End Date: 09/08/2012 Date of First Production this formation: 09/21/2012

Perforations Top: 6574 Bottom: 6756 No. Holes: 52 Hole size: 27/64

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: 09/18/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 4 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 4 Bbl H2O: 0 GOR: 6

Test Method: Flowing Casing PSI: 656 Tubing PSI: 600 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6699 Tbg setting date: 08/30/2012 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: 09/08/2012 End Date: 09/08/2012 Date of First Production this formation: 09/21/2012
Perforations Top: 6754 Bottom: 6634 No. Holes: 28 Hole size:

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

Nio Bench "A" @ 6574-6576, Bench "B" @ 6626-6634

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7715 Max pressure during treatment (psi): 5065

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 32.69

Type of gas used in treatment: Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 7690 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 252240 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: 6699 Tbg setting date: 08/30/2012 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: 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)