

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:

400336671

Date Received:

11/09/2012

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: 69175  
2. Name of Operator: PDC ENERGY INC  
3. Address: 1775 SHERMAN STREET - STE 3000  
City: DENVER State: CO Zip: 80203  
4. Contact Name: Jeff Glossa  
Phone: (303) 831-3972  
Fax: (303) 860-5838

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: WATTENBERG Field Code: 90750

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: NIORARA-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: 49

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: 11/9/2012 Email: Jeffrey.Glossa@pdce.com

#### Attachment Check List

Att Doc Num	Name
400336671	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date
Permit	Off hold form 5 approved.	12/20/2012 12:37:43 PM
Permit	On hold pending form 5.	11/15/2012 3:26:56 PM

Total: 2 comment(s)