

FORM 5A
Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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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, reoperation 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
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 City: DENVER State: CO Zip: 80203

5. API Number 05-123-20966-00 6. County: WELD
 7. Well Name: WELLS RANCH Well Number: 31-34
 8. Location: QtrQtr: NWNE Section: 34 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: 10/01/2012 End Date: 10/01/2012 Date of First Production this formation: 10/30/2012
 Perforations Top: 6826 Bottom: 6834 No. Holes: 24 Hole size: 13/32

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

(217,140 lbs Preferred Rock 20/40) (8400 lbs 20/40 SB ExcelMTP = 6544 psi, ATP = 5489 psi, AIR = 21.3 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2745 Max pressure during treatment (psi): 6544
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.21
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.64
 Total acid used in treatment (bbl): 119 Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 7
 Fresh water used in treatment (bbl): 2626 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 225540 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 + 7/8 Tubing Setting Depth: 6747 Tbg setting date: 09/28/2012 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: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/29/2012

Perforations Top: 6569 Bottom: 6834 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): 7

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: 10/31/2012 Hours: 24 Bbl oil: 32 Mcf Gas: 4 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 32 Mcf Gas: 4 Bbl H2O: 7 GOR: 125

Test Method: Flowing Casing PSI: 860 Tubing PSI: 740 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1360 API Gravity Oil: 44

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/03/2012 End Date: 10/03/2012 Date of First Production this formation: 10/29/2012
Perforations Top: 6569 Bottom: 6664 No. Holes: 28 Hole size: 27/64

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

Nio Bench "A" @ 6569-6571, Bench "B" @ 6656-6664. 238,180 LBS/24/40 Preferred Rock, 12,940 20/40 SB Excel. MTP 7485 ATP 6657. Pressure Response was slightly negative for entire treatment.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4070 Max pressure during treatment (psi): 7485

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 6.17

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): 7

Fresh water used in treatment (bbl): 4046 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 251120 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 + 7/8 Tubing Setting Depth: 6450 Tbg setting date: 10/02/2012 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: 1/3/2013 Email: Jenier.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Name
400357433	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Per operator input treatment summary.	2/13/2013 1:03:09 PM
Permit	On Hold. Requested treatment summary.	2/13/2013 12:22:30 PM
Permit	On Hold pending form 5 approval.	1/15/2013 3:00:23 PM

Total: 3 comment(s)