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

| DE | ET | OE | ES |
|---|---|---|---|
| | | | |

Document Number: 400384488

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 05-123-21296-00
6. County: WELD
7. Well Name: Baker
Well Number: 42-5
8. Location: QtrQtr: SENE Section: 5 Township: 4N Range: 63W Meridian: 6
9. Field Name: Field Code:

## Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/02/2012 End Date: 11/02/2012 Date of First Production this formation: 11/30/2012

Perforations Top: 6569 Bottom: 6577 No. Holes: 24 Hole size: 13/34

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

(217,000 lbs Preferred Rock 20/40) (8,000 lbs SBXL 20/40). RD HES. MTP = 3915 psi, ATP = 3503 psi, AIR = 19.3 bpm. Pressure response was slightly positive for entire treatment.

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

Total fluid used in treatment (bbl): 2732 Max pressure during treatment (psi): 3915

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.53

Type of gas used in treatment: Min frac gradient (psi/ft): 0.64

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 3

Fresh water used in treatment (bbl): 2732 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: 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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation: 11/30/2012

Perforations Top: 6322 Bottom: 6577 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): 3

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: 12/29/2012 Hours: 24 Bbl oil: 34 Mcf Gas: 70 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 34 Mcf Gas: 70 Bbl H2O: 3 GOR: 2058

Test Method: Flowing Casing PSI: 838 Tubing PSI: 678 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1081 API Gravity Oil: 47

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: 11/02/2012 End Date: 11/02/2012 Date of First Production this formation: 11/30/2012

Perforations Top: 6322 Bottom: 6404 No. Holes: 28 Hole size: 27/64

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

(238,840 lbs 20/40 Preferred Rock) (12,040 20/40 SB Excel. RD HES. MTP = 4,811 psi, ATP = 4,337 psi, AIR = 50.5 bpm. Pressure response was flat for entire treatment. "

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

Total fluid used in treatment (bbl): 3690 Max pressure during treatment (psi): 4881

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.53

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

Total acid used in treatment (bbl): 119 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 3

Fresh water used in treatment (bbl): 3571 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250880 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: 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.

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 tech 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)