

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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08/15/2012

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 05-123-21958-00
6. County: WELD
7. Well Name: FRANCEN
Well Number: 23-8
8. Location: QtrQtr: NESW Section: 8 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/30/2012 End Date: 03/30/2012 Date of First Production this formation: 04/04/2012

Perforations Top: 7017 Bottom: 7025 No. Holes: 24 Hole size: 13/32

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

Re-Perf Codell,

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

Total fluid used in treatment (bbl): 2681 Max pressure during treatment (psi): 4499

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 20.00

Type of gas used in treatment: Min frac gradient (psi/ft): 0.96

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): 2681 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: _____

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

Perforations Top: 6716 Bottom: 7025 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: 06/30/2012 Hours: 24 Bbl oil: 8 Mcf Gas: 81 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 81 Bbl H2O: 4 GOR: 1013

Test Method: Flowing Casing PSI: 535 Tubing PSI: 404 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1345 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7005 Tbg setting date: 04/04/2012 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: <u>NIOBARRA</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/30/2012</u>		End Date: <u>03/30/2012</u>		Date of First Production this formation: <u>04/04/2012</u>	
Perforations Top: <u>6716</u>		Bottom: <u>6854</u>		No. Holes: <u>28</u> Hole size: <u>27/64</u>	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
Perf'd Niobrara "A" 6716-6718' (4 holes), Niobrara "B" 6846-6854' (24 holes)					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>3904</u>		Max pressure during treatment (psi): <u>4842</u>			
Total gas used in treatment (mcf): _____		Fluid density at initial fracture (lbs/gal): <u>18.00</u>			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): <u>0.98</u>			
Total acid used in treatment (bbl): _____		Number of staged intervals: <u>1</u>			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): _____			
Fresh water used in treatment (bbl): <u>3904</u>		Disposition method for flowback: <u>DISPOSAL</u>			
Total proppant used (lbs): <u>250000</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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____		** Sacks cement on top: _____		** Wireline and Cement Job Summary must be attached.	
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>					
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Signed: _____		Print Name: <u>Jeff Glossa</u>			
Title: <u>Sr Engineering Tech</u>	Date: <u>8/15/2012</u>	Email: <u>jpglossa@petd.com</u>			

Attachment Check List

Att Doc Num	Name
400270794	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)