

FORM
5ARev
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 4. Contact Name: Jenifer Hakkarinen
 2. Name of Operator: PDC ENERGY INC Phone: (303) 8605800
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 8605838
 City: DENVER State: CO Zip: 80203

5. API Number 05-123-36153-00 6. County: WELD
 7. Well Name: Ochsner Well Number: 50-441
 8. Location: QtrQtr: SENW Section: 5 Township: 6N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: _____ End Date: 02/06/2013 Date of First Production this formation: 02/21/2013
 Perforations Top: 7582 Bottom: 14217 No. Holes: 16 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): 97505 Max pressure during treatment (psi): 8667
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.20
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.65
 Total acid used in treatment (bbl): _____ Number of staged intervals: 16
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 97505 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 6030960 Rule 805 green completion techniques were utilized: ☒
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/11/2013 Hours: 24 Bbl oil: 251 Mcf Gas: 394 Bbl H2O: 122
 Calculated 24 hour rate: Bbl oil: 251 Mcf Gas: 394 Bbl H2O: 122 GOR: 157
 Test Method: Flowing Casing PSI: 1515 Tubing PSI: 483 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1434 API Gravity Oil: 42
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7151 Tbg setting date: 02/20/2013 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:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)