

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Christine Brookshire
2. Name of Operator: PDC ENERGY INC Phone: (303) 860-5800
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-35801-00 6. County: WELD
7. Well Name: Magnuson Well Number: 23L-421
8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/04/2013 End Date: 04/04/2013 Date of First Production this formation: 04/19/2013
Perforations Top: 8098 Bottom: 11846 No. Holes: 16 Hole size: 13/32
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): 28066 Max pressure during treatment (psi): 7102
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.64
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): 28066 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3562580 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/20/2013 Hours: 24 Bbl oil: 163 Mcf Gas: 271 Bbl H2O: 68
Calculated 24 hour rate: Bbl oil: 163 Mcf Gas: 271 Bbl H2O: 69 GOR: 17
Test Method: Flowing Casing PSI: 1443 Tubing PSI: 545 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1277 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7590 Tbg setting date: 04/18/2013 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: Christine Brookshire

Title: Regulatory Tech Date: _____ Email: christine.brookshire@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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