

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

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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>
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<u>Comment Date</u>

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Total: 0 comment(s)