

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:

1906456

Date Received:

05/12/2010

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: LARRY ROBBINS
Phone: (303) 860-5822
Fax: (303) 860-5838

5. API Number 05-123-29735-00
6. County: WELD
7. Well Name: HORNUNG
Well Number: 28-15
8. Location: QtrQtr: NENE Section: 28 Township: 4N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 02/09/2010 End Date: _____ Date of First Production this formation: 02/17/2010
Perforations Top: 7035 Bottom: 7336 No. Holes: 28 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NIOBRARA"A"7035-7037'(4HOLES),NIOBRARA"B"7146'-7150'(8HOLES),7153'-7155'(4HOLES)AND CODELL 7330'-7336'(12HOLES) FRAC'D NIOBRARA/CODELL USING 1000 GALS 15% HCL, 919 BBLS SLICKWATER PAD, 718 BBLS PHASER 22# PAD, 2952 BBLS OF (PLEASE SEE DOCUMENT # 1906456)

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: 04/01/2009 Hours: 24 Bbl oil: 41 Mcf Gas: 59 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 41 Mcf Gas: 59 Bbl H2O: 5 GOR: 1439
Test Method: FLOWING Casing PSI: 1337 Tubing PSI: 761 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1368 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7316 Tbg setting date: 02/17/2010 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: Y

Print Name: LARRY ROBBINS

Title: REGULATORY AGENT

Date: 5/7/2010

Email: LROBBINS@PETD.COM

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)