

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: <u>69175</u>	4. Contact Name: <u>LARRY ROBBINS</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860-5822</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 860-5838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>LROBBINS@PETD.COM</u>

5. API Number <u>05-123-26735-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LEFFLER</u>	Well Number: <u>35D</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>35</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/09/2010 End Date: 02/09/2010 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: _____

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

Attachment Check List

Att Doc Num	Name
1906456	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	This was a paper form submitted May 12, 2010 that was assigned an incorrect API. Now being approved in Eforms.	2/7/2014 10:27:35 AM

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