

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:

400833995

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: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838
Email: Jeffrey.Glossa@pdce.com

5. API Number 05-123-26273-00
6. County: WELD
7. Well Name: Gutttersen
Well Number: 33-12
8. Location: QtrQtr: NWSE Section: 12 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: ABANDONED Treatment Type: WELLBORE/COMPLETION
Treatment Date: End Date: Date of First Production this formation: 03/21/2008
Perforations Top: 7272 Bottom: 7300 No. Holes: 20 Hole size: 0.41
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): 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: non-economic
Date formation Abandoned: 06/27/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 7210 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Recompletion in 2012 filing neglected to include CIBP above JSND

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jeff Glossa

Title: Sr Engineering Tech

Date: _____

Email Jeffrey.Glossa@pdce.com

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Attachment Check List

Att Doc Num

Name

400834026

WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)