

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: Ally Gale

Phone: (303) 831-3931

Fax: (303) 860-5838

Email: alexandria.gale@pdce.com

5. API Number 05-123-39075-00

7. Well Name: Becker Ranch

8. Location: QtrQtr: NWNW Section: 5 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 5E-403

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 11/10/2015		End Date: 11/11/2015		Date of First Production this formation: 11/25/2015	
Perforations	Top: 7510	Bottom: 11599	No. Holes:	Hole size:	

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

20 Stage Sliding Sleeve
 Total Fluid: 72,567 bbls
 Gel Fluid: 52,946 bbls
 Slickwater Fluid: 19,621 bbls
 Total Proppant: 4,399,080 lbs
 Silica Proppant: 4,399,080 lbs
 Method for determining flowback: measuring flowback tank volumes

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 72567	Max pressure during treatment (psi): 6254
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): 1.03
Total acid used in treatment (bbl): _____	Number of staged intervals: 20
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): 3420
Fresh water used in treatment (bbl): 72567	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4399080	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/06/2015	Hours: 24	Bbl oil: 189	Mcf Gas: 1321	Bbl H2O: 202
Calculated 24 hour rate:	Bbl oil: 189	Mcf Gas: 1321	Bbl H2O: 202	GOR: 6989
Test Method: Flowing	Casing PSI: 2256	Tubing PSI: 1699	Choke Size: 16/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1288	API Gravity Oil: 53	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7142	Tbg setting date: 11/26/2015	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.

FORMATION: CODELL		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7510	Bottom: 11599	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Completed Depths: 7510-7610, 8604-8711, 10946-11599					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 7610 Bottom: 10946 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Completed Depths: 7610-8604, 8711-10946

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: _____

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: _____ Print Name: Ally Gale

Title: Regulatory Technician Date: _____ Email: alexandria.gale@pdce.com

Attachment Check List

Att Doc Num Name

401129258 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)