

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:

400704838

Date Received:

11/04/2016

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 05-123-37927-00
6. County: WELD
7. Well Name: Harvesters Resources
Well Number: 15M-423
8. Location: QtrQtr: NWNE Section: 15 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 8419 Bottom: 8566 No. Holes: Hole size:

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

Completed Depths: 8419-8566

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.

FORMATION: FORT HAYS		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7733	Bottom: 11662	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Completed Depths: 7733-8226, 8566-11662					
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: NIOBRARA-FT HAYS-CODELL		Status: PRODUCING	Treatment Type: FRACTURE STIMULATION	
Treatment Date: 06/05/2014	End Date: 06/07/2014	Date of First Production this formation: 06/17/2014		
Perforations Top: 7733	Bottom: 11662	No. Holes: _____	Hole size: _____	

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

16 Stage Sliding Sleeve
 Total fluid: 59,564 bbls
 Gel Fluid: 46,846 bbls
 Slickwater Fluid: 12,718 bbls
 Total Proppant: 3,534,140 lbs
 Silica Proppant: 3,534,140 lbs
 Method for determining flowback: measuring flowback tank volumes

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

Total fluid used in treatment (bbl): 59564	Max pressure during treatment (psi): 3845
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): 0.96
Total acid used in treatment (bbl): _____	Number of staged intervals: 16
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): 2625
Fresh water used in treatment (bbl): 59564	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3534140	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: 07/17/2014	Hours: 24	Bbl oil: 143	Mcf Gas: 528	Bbl H2O: 55
Calculated 24 hour rate:	Bbl oil: 143	Mcf Gas: 528	Bbl H2O: 55	GOR: 3692
Test Method: Flowing	Casing PSI: 1371	Tubing PSI: 700	Choke Size: 16/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1283	API Gravity Oil: 48	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7362	Tbg setting date: 06/13/2014	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: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 8226 Bottom: 8419 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Completed Depths: 8226-8419

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:

Swell Packer set at 7733'

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 Tech Date: 11/4/2016 Email: alexandria.gale@pdce.com

Attachment Check List

Att Doc Num	Name
400704838	FORM 5A SUBMITTED
401129160	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Ready to pass.	11/10/2016
Permit	Return to draft for AOC settlement.	09/06/2016

Total: 2 comment(s)