

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:

401132828

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 05-123-42229-00  
6. County: WELD  
7. Well Name: Lajco  
Well Number: 17R-403  
8. Location: QtrQtr: NWNE Section: 17 Township: 4N Range: 67W 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: 8926 Bottom: 10860 No. Holes: 2556 Hole size: 42/100

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

completed depths: 8926-10860

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: 8292   | Bottom: 8926   | No. Holes: 2556  | Hole size: 42/100                              |  |
| Provide a brief summary of the formation treatment:  |   |  | Open Hole: <input type="checkbox"/>  |  |  |
| Completed Depths: 8292-8926  |   |  |  |  |  |
| 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: _____  |   |  |  |  |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>                                     |   |  |  |  |  |
| <b><u>Test Information:</u></b>  |   |  |  |  |  |
| 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: 07/22/2016   |   | End Date: 08/01/2016  |   | Date of First Production this formation: 08/19/2016 |  |
| Perforations   | Top: 7332   | Bottom: 10860   | No. Holes: 2556   | Hole size: 42/100                                   |  |
| Provide a brief summary of the formation treatment:  |   |   | Open Hole: <input type="checkbox"/>                                 |   |  |
| 20 Stage Plug and Perf, 3 Toe Sleeves from 10766-10860, Perf'd from 7332-10736<br>Total Fluid: 69,645 bbls<br>Gel Fluid: 41,214 bbls<br>Slickwater Fluid: 27,967 bbls<br>15% HCl Acid: 464 bbls<br>Total Proppant: 4,349,500 lbs<br>Silica Proppant: 4,349,500 lbs<br>Method for determining flowback: measuring flowback tank volumes |   |   |   |   |  |
| This formation is commingled with another formation:   |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |
| Total fluid used in treatment (bbl): 69645   |   | Max pressure during treatment (psi): 6593   |   |   |  |
| 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): 0.93  |   |   |  |
| Total acid used in treatment (bbl): 464  |   | Number of staged intervals: 20  |   |   |  |
| Recycled water used in treatment (bbl):  |   | Flowback volume recovered (bbl): 3729   |   |   |  |
| Fresh water used in treatment (bbl): 69181   |   | Disposition method for flowback: DISPOSAL   |   |   |  |
| Total proppant used (lbs): 4349500   |   | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |   |   |  |
| Reason why green completion not utilized: _____  |   |   |   |   |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>   |   |   |   |   |  |
| <b><u>Test Information:</u></b>  |   |   |   |   |  |
| Date: 08/21/2016   | Hours: 24   | Bbl oil: 182  | Mcf Gas: 339  | Bbl H2O: 400  |  |
| Calculated 24 hour rate:   | Bbl oil: 182  | Mcf Gas: 339  | Bbl H2O: 400  | GOR: 1862   |  |
| Test Method: Flowing   | Casing PSI: 2343  | Tubing PSI: 1661  | Choke Size: 16/64   |   |  |
| Gas Disposition: SOLD  | Gas Type: WET   | Btu Gas: 1260   | API Gravity Oil: 40   |   |  |
| Tubing Size: 2 + 3/8   | Tubing Setting Depth: 7192  | Tbg setting date: 08/13/2016  | 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 Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7332 Bottom: 8292 No. Holes: 2556 Hole size: 42/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Completed Depths: 7332-8292

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 Tech Date: \_\_\_\_\_ Email: alexandria.gale@pdce.com

**Attachment Check List**

| Att Doc Num | Name             |
|-------------|------------------|
| 401132888   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)