

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: 401149277

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 4. Contact Name: Ally Gale
 2. Name of Operator: PDC ENERGY INC Phone: (303) 831-3931
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
 City: DENVER State: CO Zip: 80203 Email: alexandria.gale@pdce.com

5. API Number 05-123-42326-00 6. County: WELD
 7. Well Name: Spaur Well Number: 10Q-401
 8. Location: QtrQtr: SESW Section: 10 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 7662 Bottom: 8004 No. Holes: 720 Hole size: 42/100

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

Completed Depths: 7662-8004

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: NIOBRARA-FT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/27/2016 End Date: 07/08/2016 Date of First Production this formation: 07/28/2016

Perforations Top: 7283 Bottom: 11497 No. Holes: 720 Hole size: 42/100

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

21 Stage Plug and Perf, Perf'd from 7283-11259, 3 Toe Sleeves from 11394-11497
 Total Fluid: 72,904 bbls
 Gel Fluid: 44,515 bbls
 Slickwater Fluid: 27,908 bbls
 15% HCl Acid: 481 bbls
 Total Proppant: 4,473,320 lbs
 Silica Proppant: 4,473,320 lbs
 Method for determining flowback: measuring flowback tank volumes

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 72904 Max pressure during treatment (psi): 4417

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): 481 Number of staged intervals: 21

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 4891

Fresh water used in treatment (bbl): 72423 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4473320 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2016 Hours: 24 Bbl oil: 312 Mcf Gas: 897 Bbl H2O: 431

Calculated 24 hour rate: Bbl oil: 312 Mcf Gas: 897 Bbl H2O: 431 GOR: 2875

Test Method: Flowing Casing PSI: 2524 Tubing PSI: 1893 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1277 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7199 Tbg setting date: 07/10/2016 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: 7283 Bottom: 11497 No. Holes: 720 Hole size: 42/100

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

Completed Depths: 7283-7662, 8004-11497

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

Table with 2 columns: Att Doc Num, Name. Row 1: 401203984, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)