

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:

401178410

Date Received:

02/22/2017

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: Kelsi Welch  
Phone: (303) 831-3974  
Fax:  
Email: kelsi.welch@pdce.com

5. API Number 05-123-19304-00  
6. County: WELD  
7. Well Name: SCHLAGEL  
Well Number: 26-4  
8. Location: QtrQtr: SESE Section: 26 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 6407 Bottom: 6692 No. Holes: 26 Hole size:  
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: plug set for offset frac  
Date formation Abandoned: 04/08/2016 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: 6455 \*\* Sacks cement on top: 2 \*\* 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: Kelsi Welch

Title: Production Tech

Date: 2/22/2017

Email: kelsi.welch@pdce.com

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### **Attachment Check List**

#### **Att Doc Num**

#### **Name**

401178410	FORM 5A SUBMITTED
401178489	WIRELINER JOB SUMMARY
401216323	OPERATIONS SUMMARY
401220826	OPERATIONS SUMMARY

Total Attach: 4 Files

### **General Comments**

#### **User Group**

#### **Comment**

#### **Comment Date**

Permit	Received correct ops summary. Pass.	02/28/2017
Permit	Received incorrect ops summary. Wait on operator.	02/27/2017
Permit	Returned to draft. Please attach ops summary for BP depth.	02/16/2017

Total: 3 comment(s)