

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

5. API Number 05-123-22750-00
6. County: WELD
7. Well Name: B & B
Well Number: 10-43
8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PLUGGED AND ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7711 Bottom: 7745 No. Holes: 102 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 down hole prior to the recompletion of the Nio-Codell.
Date formation Abandoned: 06/11/2008 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 7600 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/11/2008 End Date: 06/25/2008 Date of First Production this formation: 06/25/2008

Perforations Top: 6940 Bottom: 7248 No. Holes: 72 Hole size: 42/100

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

Codel perforated from 7236'-7248'. 3 spf, 120 degree phasing, 23 gram charge.

Total fluid used - 2570 bbls

643 bbls Vistar 20# pad

1927 bbls Vistar 20# fluid system

Total proppant used- 228940 lbs

220860 lbs 20/40 white sand

8080 lbs SB Excel 20/40 resin coated proppant

Niobrara perforated from 6940'-6942', 6952'- 6958' and 7062'- 7066'. 3 spf, 21 gram charge, 0.39" holes.

Total fluid used - 4195 bbls

1524 bbls Slickwater pad

198 bbls Vistar 18# pad

2473 bbls Vistar 18# fluid system

Total proppant used- 253840 lbs

241800 lbs 30/50 white sand

12040 lbs SB Excel 20/40 resin coated proppant

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

Total fluid used in treatment (bbl): 6765

Max pressure during treatment (psi): 3978

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: 4

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 482780

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: Kelsi Welch

Title: Production Tech Date: Email kelsi.welch@pdce.com

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Attachment Check List

Att Doc Num

Name

401226226

OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon Approval

Total: 0 comment(s)