

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:

401228451

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 05-123-14274-00  
6. County: WELD  
7. Well Name: STATE LEASE  
Well Number: 41-32  
8. Location: QtrQtr: NENE Section: 32 Township: 6N Range: 63W 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: 06/07/2004  
Perforations Top: 6770 Bottom: 6782 No. Holes: 20 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: \_\_\_\_\_  
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: 06/06/1989 |  |
| Perforations                                         | Top: 6749 | Bottom: 6768       | No. Holes: 5                                                                 | Hole size: _____                                    |  |
| Provide a brief summary of the formation treatment:  |           |                    | Open Hole: <input type="checkbox"/>                                          |                                                     |  |
| This formation is commingled with another formation: |           |                    | <input type="checkbox"/> Yes <input checked="" 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**

**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: <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: _____                               |  |
| Treatment Date: _____                                                                              |                                                                   | End Date: _____                                      |                                                                              | Date of First Production this formation: 03/07/2007 |  |
| Perforations                                                                                       | Top: 6494                                                         | Bottom: 6782                                         | No. Holes: 73                                                                | Hole size: _____                                    |  |
| Provide a brief summary of the formation treatment:                                                |                                                                   |                                                      | Open Hole: <input type="checkbox"/>                                          |                                                     |  |
| This formation is commingled with another formation:                                               |                                                                   |                                                      | <input type="checkbox"/> Yes <input checked="" 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 Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 03/07/2007

Perforations Top: 6494 Bottom: 6688 No. Holes: 48 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: \_\_\_\_\_

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

**Attachment Check List**

**Att Doc Num** **Name**

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Total Attach: 0 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)