

FORM  
5ARev  
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:

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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: Jenifer Hakkarinen  
 Phone: (303) 8605800  
 Fax:  
 Email: Jenifer.Hakkarinen@pdce.com

5. API Number 05-123-20041-00  
 6. County: WELD  
 7. Well Name: O-GRADY  
 Well Number: 43-4  
 8. Location: QtrQtr: NESE Section: 4 Township: 5N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/20/2010 End Date: 12/20/2010 Date of First Production this formation:

Perforations Top: 6813 Bottom: 6821 No. Holes: 24 Hole size:

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

RU Superior Wireline, RIH w/3 1/8" slickgun, correlated open hole and cased hole logs getting on correct depth, re-perforated Codell 6813-6821', 3 spf (24 new holes), 120 deg phasing, 19 gram charges, .41" entry holes w/21.28" penetration

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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/15/2010 End Date: 12/22/2010 Date of First Production this formation: 12/28/2010

Perforations Top: 6531 Bottom: 6821 No. Holes: 64 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: 01/10/2010 Hours: 24 Bbl oil: 1 Mcf Gas: 34 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 34 Bbl H2O: 0 GOR:

Test Method: Flowing Casing PSI: 550 Tubing PSI: 460 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1316 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6796 Tbg setting date: 01/07/2011 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: FRACTURE STIMULATION

Treatment Date: 12/22/2010 End Date: 12/22/2010 Date of First Production this formation:

Perforations Top: 6531 Bottom: 6712 No. Holes: 40 Hole size:

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

RU Superior Wireline, RIH w/Owen 10K CIBP, correlate off cased hole logs setting CIBP at 6750', POOH w/wireline, did not dump bail cmt, loaded csg and tested csg/CIBP to 1500 psi, test good, RIH w/3 1/8" slickgun, correlated cased/open hole logs getting on correct depth, select fired perforating the Niobrara "C" 6708-6712' 3spf, Niobrara "B" 6642-6650' 3spf and Niobrara "A" 6531-6533' 2spf (40 holes total), 120 deg phasing, 21 gram Hero charges, .41" entry holes w/37.97" penetration

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:

This form is being submitted to correct production errors

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Jenifer Hakkarinen

Title: Reg TEch Date: Email: Jenifer.Hakkarinen@pdce.com

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)