

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-13671-00
6. County: WELD
7. Well Name: M&M (DRJ)
Well Number: 6-10
8. Location: QtrQtr: SENW Section: 10 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 11/07/1987 End Date: 11/07/1987 Date of First Production this formation:
Perforations Top: 6970 Bottom: 6980 No. Holes: 21 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] 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: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 05/12/2016

Perforations Top: 6650 Bottom: 6980 No. Holes: 363 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: 06/09/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 18 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 18 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 350 Tubing PSI: 350 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6957 Tbg setting date: 05/11/2016 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: FRACTURE STIMULATION

Treatment Date: 08/09/2006 End Date: 08/09/2006 Date of First Production this formation:

Perforations Top: 6650 Bottom: 6865 No. Holes: 342 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:

This form is being submitted to correct production reports. Please note the plug temporarily abandoning the codell formation was drilled out 5/11/2016.

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: Regulatory Tech Date: 3/8/2017 Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401228453, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)