FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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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 05-123-20041-00
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: 3/13/2017 Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Name
401231803	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)