

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:

401231893

Date Received:

03/13/2017

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 05-123-15467-00
6. County: WELD
7. Well Name: OUR DIANE
Well Number: 31-27
8. Location: QtrQtr: NWNE Section: 27 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/07/2002 End Date: 10/07/2002 Date of First Production this formation: 10/15/2002
Perforations Top: 7588 Bottom: 7607 No. Holes: 40 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: 11/10/2002 Hours: 24 Bbl oil: 0 Mcf Gas: 28 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 28 Bbl H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 550 Tubing PSI: 450 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1181 API Gravity Oil: 54
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7622 Tbg setting date: 10/13/2002 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
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Attachment Check List

Att Doc Num **Name**

401231893	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)