

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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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: Elaine Winick Phone: (970) 313-5508 Fax: (970) 506-9276 Email: Elaine.Winick@pdce.com

5. API Number 05-123-25092-00 6. County: WELD 7. Well Name: DR J Well Number: 6LL 8. Location: QtrQtr: SENW Section: 10 Township: 5N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/16/2016

Perforations Top: 6662 Bottom: 6998 No. Holes: 528 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

5/13/16 Drilled out cement and CIBP over Codell and commingled Niobrara-Codell.

This formation is commingled with another formation: [] Yes [X] 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: 07/10/2016 Hours: 24 Bbl oil: 6 Mcf Gas: 24 Bbl H2O: 3 Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 24 Bbl H2O: 3 GOR: 4000 Test Method: plunger lift Casing PSI: 820 Tubing PSI: 560 Choke Size: Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 API Gravity Oil: 54 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6969 Tbg setting date: 05/16/2016 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.

Comment:

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

Signed: _____ Print Name: Elaine Winick
Title: Regulatory Tech Date: _____ Email: Elaine.Winick@pdce.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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