

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:

401312917

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 05-123-23186-00
6. County: WELD
7. Well Name: FRANK
Well Number: 5
8. Location: QtrQtr: NWNW Section: 32 Township: 4N Range: 66W 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: 08/03/2015

Perforations Top: 7080 Bottom: 7400 No. Holes: 176 Hole size:

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

7/31/2015 - drilled out CIBP over Codell and commingled Niobrara-Codell.

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: 09/10/2015 Hours: 24 Bbl oil: 1 Mcf Gas: 37 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 37 Bbl H2O: 2 GOR: 37000

Test Method: plunger lift Casing PSI: 240 Tubing PSI: 230 Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1254 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7367 Tbg setting date: 07/31/2015 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:

form 5A submitted to correct historical data.

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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Total: 0 comment(s)