

FORM
5ARev
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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

401311199

Date Received:

08/10/2017

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 4. Contact Name: Elaine Winick
 2. Name of Operator: PDC ENERGY INC Phone: (970) 313-5508
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
 City: DENVER State: CO Zip: 80203 Email: Elaine.Winick@pdce.com

5. API Number 05-123-26862-00 6. County: WELD
 7. Well Name: WELLS RANCH Well Number: 44-36
 8. Location: QtrQtr: SESE Section: 36 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/14/2008
 Perforations Top: 6354 Bottom: 6632 No. Holes: 70 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: 2 + 3/8 Tubing Setting Depth: 6025 Tbg setting date: 06/23/2016 Packer Depth: _____
 Reason for Non-Production: Plug set with 2 sacks sand for offset horizontal frac.
 Date formation Abandoned: 06/23/2016 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 6331 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Form 7 correction - Form 5A submitted to show commingled formations that were not shown on form 5A doc 401185810. Wireline job summary doc 401185819. Operations summary doc 401223980.

On 3/16/2017 the sand was cleaned out and the plug was removed and the well was returned to production.

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: 8/10/2017

Email: Elaine.Winick@pdce.com

:

Attachment Check List

Att Doc Num

Name

401311199

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)