

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401371175

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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: Kelsi Welch
Phone: (303) 831-3974
Fax:
Email: kelsi.welch@pdce.com

5. API Number 05-123-21330-00
6. County: WELD
7. Well Name: MDM
Well Number: 33-14
8. Location: QtrQtr: NWSE Section: 14 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 06/17/2003
Perforations Top: 7874 Bottom: 7902 No. Holes: 42 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Plug set for offset frac

Date formation Abandoned: 05/04/2016 Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7110 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

The purpose of this submission is to correct production reporting. Please note this well was RTP'd 9/9/16.

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

Signed: \_\_\_\_\_ Print Name: Kelsi Welch

Title: Production Tech Date: 8/9/2017 Email: kelsi.welch@pdce.com  
:

### **Attachment Check List**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
|---------------------------|--------------------|
| 401371175                 | FORM 5A SUBMITTED  |
| 401371177                 | OPERATIONS SUMMARY |

Total Attach: 2 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)