

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:

401345000

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

5. API Number 05-123-20044-00
6. County: WELD
7. Well Name: SKURICH
Well Number: 43-7
8. Location: QtrQtr: NESE Section: 7 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/20/2010 End Date: 12/23/2010 Date of First Production this formation: 10/24/2000

Perforations Top: 6736 Bottom: 6744 No. Holes: 24 Hole size: 41/100

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

The Codell formation was refrac'd from 6736' - 6744', 3 spf, 8 new holes, 60 degree phasing, 19 gram shot, 21.12" penetration.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2800 Max pressure during treatment (psi): 3445

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: 10

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 226200 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:

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.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 01/18/2011	
Perforations	Top: 6463	Bottom: 6746	No. Holes: 76	Hole size: _____	

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

The Niobrara and Codell formations were commingled after the completion of the Niobrara and refrac of the 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: <input type="checkbox"/>

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: 6722	Tbg setting date: 01/18/2011	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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: 12/28/2010 End Date: 12/31/2011 Date of First Production this formation: 01/18/2011
Perforations Top: 6463 Bottom: 6576 No. Holes: 28 Hole size: 41/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

The Niobrara formation was recompleted from 6568'- 6576', 3 spf, and 6463'- 6465, 2 spf, 120 degree phasing, 3 1/8" slickgun, 21 gram charges.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 4050 Max pressure during treatment (psi): 3394
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): 24 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): 250120 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: _____

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 submission is to report the completion of the the Niobrara and the refrac of the Codell and to report the commingling of the Niobrara and Codell formations.

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: _____ Email: kelsi.welch@pdce.com

Attachment Check List

Att Doc Num **Name**

401412981 OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)