

**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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401528348

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01/30/2018

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: <u>69175</u>	4. Contact Name: <u>Ally Ota</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860-5800</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(303) 831-3988</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Alexandria.Ota@pdce.com</u>

5. API Number <u>05-123-37130-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Tateyama</u>	Well Number: <u>15U-434</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>15</u> Township: <u>7N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/08/2013 End Date: 11/09/2013 Date of First Production this formation: 11/19/2013

Perforations Top: 7673 Bottom: 11625 No. Holes: _____ Hole size: _____

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

16 Stage Sliding Sleeve, Swell packer @ 11,361'
Total Fluid: 56,625 bbls
Gel Fluid: 46,787 bbls
Slickwater Fluid: 9,838 bbls
Total Proppant: 3,647,858 lbs
Silica Proppant: 3,647,858 lbs
Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 56625 Max pressure during treatment (psi): 6667

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 6442

Fresh water used in treatment (bbl): 56625 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3647858 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/02/2013 Hours: 24 Bbl oil: 255 Mcf Gas: 142 Bbl H2O: 150

Calculated 24 hour rate: Bbl oil: 255 Mcf Gas: 142 Bbl H2O: 150 GOR: 557

Test Method: Flowing Casing PSI: 1173 Tubing PSI: 331 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1308 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7282 Tbg setting date: 11/13/2013 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: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8649 Bottom: 11625 No. Holes: _____ Hole size: _____

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

completed depths: 8,649'-11,625'

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: _____

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: FORT HAYS Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 7673 Bottom: 8648 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

completed depths: 7,673'-8,648'

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: _____
 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Cassie Gonzalez
 Title: Regulatory Contractor Date: 1/30/2018 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Name
401528348	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Confirm date of first production.	02/12/2018

Total: 1 comment(s)