

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:

401562470

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: Ally Ota
Phone: (303) 860-5800
Fax: (303) 831-3988
Email: Alexandria.Ota@pdce.com

5. API Number 05-123-44893-00
6. County: WELD
7. Well Name: Snowmass
Well Number: 1C
8. Location: QtrQtr: NWNE Section: 5 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:

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

Perforations Top: 8672 Bottom: 12202 No. Holes: 1548 Hole size: 42/100

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

Completed Depths: 8,672'-8870', 9,698'-10,004', 10,287'-10,447', 12,123'-12,202'

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: CODELL-CARLILE		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 01/22/2018		End Date: 02/05/2018		Date of First Production this formation: 02/15/2018	
Perforations	Top: 7422	Bottom: 14807	No. Holes: 1548	Hole size: 42/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
44 Stage Plug and Perf Total Fluid: 169,270 bbls Gel Fluid: 107,742 bbls Slickwater Fluid: 60,493 bbls 15% HCl Acid: 1,035 bbls Total Proppant: 9,027,800 lbs Silica Proppant: 9,027,800 lbs Method for determining flowback: measuring flowback tank volumes.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 169270		Max pressure during treatment (psi): 4334			
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): 0.95			
Total acid used in treatment (bbl): 1035		Number of staged intervals: 44			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 11686			
Fresh water used in treatment (bbl): 168235		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 9027800		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 03/01/2018	Hours: 24	Bbl oil: 300	Mcf Gas: 651	Bbl H2O: 508	
Calculated 24 hour rate:	Bbl oil: 300	Mcf Gas: 651	Bbl H2O: 508	GOR: 2170	
Test Method: Flowing	Casing PSI: 2576	Tubing PSI: 1821	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1256	API Gravity Oil: 52		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7037	Tbg setting date: 02/10/2018	Packer Depth:		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7422 Bottom: 14807 No. Holes: 1548 Hole size: 42/100

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

Completed Depths: 7,422'-8,672', 8,870'-9,698', 10,004'-10,287', 10,447'-12,123', 12,202'-14,807'

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: _____

Actual Top of Productive Zone Footages: 173' FNL and 2,097' FEL Section 5, T5N-R64W

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: _____ Email: Cassie.Gonzalez@pdce.com

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)