

**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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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: <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>05-123-44890-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Snowmass</u>	Well Number: <u>8N</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>5</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/03/2018 End Date: 01/20/2018 Date of First Production this formation: 03/12/2018
Perforations Top: 7721 Bottom: 15245 No. Holes: 1665 Hole size: 42/100

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

45 Stage Plug and Perf
Total Fluid: 163,999 bbls
Gel Fluid: 98,188 bbls
Slickwater Fluid: 64,765 bbls
15% HCl Acid: 1,046 bbls
Total Proppant: 6,611,900 lbs
Silica Proppant: 6,611,900 lbs
Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 163999 Max pressure during treatment (psi): 4406
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): 0.97
Total acid used in treatment (bbl): 1046 Number of staged intervals: 45
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 15808
Fresh water used in treatment (bbl): 162953 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 6611900 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/18/2018 Hours: 24 Bbl oil: 459 Mcf Gas: 1021 Bbl H2O: 234
Calculated 24 hour rate: Bbl oil: 459 Mcf Gas: 1021 Bbl H2O: 234 GOR: 2224
Test Method: Flowing Casing PSI: 2762 Tubing PSI: 1831 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: 7439 Tbg setting date: 03/10/2018 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: 1,868' FNL and 2,210' 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

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)