

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:

401012551

Date Received:

07/30/2018

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>05-123-40556-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Wiedeman</u>	Well Number: <u>28F-412</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>28</u> Township: <u>4N</u> Range: <u>66W</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: 02/15/2016 End Date: 02/22/2016 Date of First Production this formation: 03/14/2016

Perforations Top: 7691 Bottom: 11643 No. Holes: 936 Hole size: 42/100

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

20 Stage Plug and Perf, Perf'd from 7,691'-11,507', 3 Toe Sleeves from 11,550'-11,640'

Total Fluid: 98,228 bbls
 Slickwater Fluid: 98,075 bbls
 15% HCl Acid: 153 bbls

Total Proppant: 2,715,700 lbs
 Silica Proppant: 2,715,700 lbs

Method for determining flowback: measuring flowback tank volumes

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 98228 Max pressure during treatment (psi): 5323

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): 0.90

Total acid used in treatment (bbl): 153 Number of staged intervals: 20

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 2533

Fresh water used in treatment (bbl): 98075 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2715700 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/04/2016 Hours: 24 Bbl oil: 120 Mcf Gas: 1965 Bbl H2O: 42

Calculated 24 hour rate: Bbl oil: 120 Mcf Gas: 1965 Bbl H2O: 42 GOR: 16375

Test Method: Flowing Casing PSI: 2027 Tubing PSI: 1853 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1296 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7330 Tbg setting date: 03/12/2016 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: 7691 Bottom: 10476 No. Holes: 936 Hole size: 42/100

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

completed depths: 7,691'-8,095', 8,176'-10,200' and 10,277'-10,476'

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: 8095 Bottom: 11643 No. Holes: 936 Hole size: 42/100

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

completed depths: 8,095'-8,176', 10,200'-10,277' and 10,476'-11,643'

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 Technician Date: 7/30/2018 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401012551, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Rows: Permit Ready to approve. 08/15/2018; Permit Return to draft for AOC settlement. 09/16/2016

Total: 2 comment(s)