

**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>05-123-45689-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Barr</u>	Well Number: <u>11L-321</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>11</u> Township: <u>5N</u> Range: <u>65W</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: 09/24/2018 End Date: 09/30/2018 Date of First Production this formation: 10/31/2018  
Perforations Top: 7418 Bottom: 12044 No. Holes: 900 Hole size: 42/100

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

26 Stage Plug and Perf  
Total Fluid: 100,192 bbls  
Gel Fluid: 79,378 bbls  
Slickwater Fluid: 20,008 bbls  
15% HCl Acid: 806 bbls  
Total Proppant: 4,129,500 lbs  
Silica Proppant: 4,129,500 lbs  
Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 100192 Max pressure during treatment (psi): 4754  
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): 1.00  
Total acid used in treatment (bbl): 806 Number of staged intervals: 26  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 5177  
Fresh water used in treatment (bbl): 99386 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 4129500 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 11/13/2018 Hours: 24 Bbl oil: 335 Mcf Gas: 745 Bbl H2O: 209  
Calculated 24 hour rate: Bbl oil: 335 Mcf Gas: 745 Bbl H2O: 209 GOR: 2224  
Test Method: Flowing Casing PSI: 2440 Tubing PSI: 1534 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1253 API Gravity Oil: 51  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7280 Tbg setting date: 10/29/2018 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 Footage: 152' FSL & 1,978' FWL Sec: 12 Twp: 5N Rng: 65W

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: \_\_\_\_\_ Email: Cassie.Gonzalez@pdce.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)