

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:

400741874

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 05-123-38303-00
6. County: WELD
7. Well Name: Gutttersen
Well Number: 31T-441
8. Location: QtrQtr: SWSE Section: 31 Township: 3N Range: 63W 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: 7396 Bottom: 9867 No. Holes: Hole size:

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

Completed Depths: 7,396'-7,832' 8,167'-9,867'

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: 11/05/2014		End Date: 11/10/2014		Date of First Production this formation: 11/28/2014	
Perforations Top: 7077		Bottom: 11127		No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment:				Open Hole: <input checked="" type="checkbox"/>	
15 Stage Sliding Sleeve, Swell Packer set at 7,077' Total Fluid: 70,079 bbls Gel Fluid: 55,882 bbls Slickwater Fluid: 14,197 bbls Total Proppant: 3,615,260 lbs Silican Proppant: 3,615,260 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): 70079		Max pressure during treatment (psi): 3889			
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): _____		Number of staged intervals: 15			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): 8255			
Fresh water used in treatment (bbl): 70079		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 3615260		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: 12/06/2014	Hours: 24	Bbl oil: 244	Mcf Gas: 263	Bbl H2O: 301	
Calculated 24 hour rate:	Bbl oil: 244	Mcf Gas: 263	Bbl H2O: 301	GOR: 1078	
Test Method: Flowing	Casing PSI: 1277	Tubing PSI: 843	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1285	API Gravity Oil: 45		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6895	Tbg setting date: 10/29/2014	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: 7077 Bottom: 11127 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Completed Depths: 7,077'-7,396' 7,832'-8,167' 9,867'-11,127'

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: _____ Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Returned to draft for AOC settlement.	09/15/2016
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Total: 1 comment(s)