

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400737097

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 05-123-39169-00

7. Well Name: Guttersen

8. Location: QtrQtr: NWNE Section: 6 Township: 2N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 6R-403

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 11/14/2014		End Date: 11/19/2014		Date of First Production this formation: 12/04/2014	
Perforations Top: 7353		Bottom: 11233		No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment:				Open Hole: <input checked="" type="checkbox"/>	
16 Stage Plug and Perf, Swell Packer set at 7,353' Total Fluid: 68,553 bbls Gel Fluid: 53,456 bbls Slickwater Fluid: 15,097 bbls Total Proppant: 3,516,720 lbs Silica Proppant: 3,516,720 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): 68553		Max pressure during treatment (psi): 5720			
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): 1.06			
Total acid used in treatment (bbl): _____		Number of staged intervals: 16			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): 5991			
Fresh water used in treatment (bbl): 68553		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 3516720		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 12/16/2014	Hours: 24	Bbl oil: 162	Mcf Gas: 112	Bbl H2O: 179	
Calculated 24 hour rate:	Bbl oil: 162	Mcf Gas: 112	Bbl H2O: 179	GOR: 691	
Test Method: Flowing	Casing PSI: 902	Tubing PSI: 399	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1456	API Gravity Oil: 42		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6892	Tbg setting date: 11/30/2014	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: 7709	Bottom: 11233	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Completed Depths: 7,709'-11,233'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: <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: FORT HAYS Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7353 Bottom: 7709 No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☒

Completed Depths; 7,353'-7,709'

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 7 reporting corrected.	03/12/2016
Permit	Operator made FF report. Mistakenly submitted it for another well. Still need Form 7 for 7/2014.	03/08/2016
Permit	No FracFocus report. Are dates on this form correct? Req'd Form 7 reporting to begin month of spud: 7/2014. Returned to draft.	02/18/2016

Total: 3 comment(s)