

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:

400707811

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 05-123-37970-00
6. County: WELD
7. Well Name: Ram Land
Well Number: 300-443
8. Location: QtrQtr: NESW Section: 30 Township: 4N Range: 66W 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: 9415 Bottom: 10408 No. Holes: Hole size:

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

Completed Depths: 9,415'-10,408'

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: 09/23/2014		End Date: 09/25/2014		Date of First Production this formation: 10/09/2014	
Perforations Top: 7629		Bottom: 11759		No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment:				Open Hole: <input checked="" type="checkbox"/>	
16 Stage Sliding Sleeve, Swell Packer set @ 7,629' Total Fluid: 71,282 bbls Gel Fluid: 56,652 bbls Slickwater Fluid: 14,630 bbls Total Proppant: 4,083,080 lbs Silica Proppant: 4,083,080 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): 71282		Max pressure during treatment (psi): 5001			
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): 0.96			
Total acid used in treatment (bbl): _____		Number of staged intervals: 16			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): 4477			
Fresh water used in treatment (bbl): 71282		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 4083080		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: 10/11/2014	Hours: 24	Bbl oil: 103	Mcf Gas: 854	Bbl H2O: 56	
Calculated 24 hour rate:	Bbl oil: 103	Mcf Gas: 854	Bbl H2O: 56	GOR: 8291	
Test Method: Flowing	Casing PSI: 2016	Tubing PSI: 1648	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1222	API Gravity Oil: 57		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7368	Tbg setting date: 10/07/2014	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: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7629 Bottom: 11759 No. Holes: Hole size:

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

Completed Depths: 7,629'-9,415' 10,408'-11,759'

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

Total: 1 comment(s)