

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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 05-123-36298-00 6. County: WELD 7. Well Name: Simonsen-Schaefer Well Number: 7J-403 8. Location: QtrQtr: SWSW Section: 6 Township: 6N 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: 10399 Bottom: 11900 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

Completed Depths: 10,399'-11,900'

This formation is commingled with another formation: [X] 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: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/25/2013 End Date: 07/26/2013 Date of First Production this formation: 08/12/2013

Perforations Top: 7821 Bottom: 11900 No. Holes: _____ Hole size: _____

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

16 Stage Sliding Sleeve, Swell Packer set @ 7,821'
Total Fluid: 62,451 bbls
Gel Fluid: 47,152 bbls
Slickwater Fluid: 15,299 bbls
Total Proppant: 3,676,520 lbs
Silica Proppant: 3,676,520 lbs
Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 62451 Max pressure during treatment (psi): 3903

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): 0.98

Total acid used in treatment (bbl): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 6920

Fresh water used in treatment (bbl): 62451 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3676520 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/12/2013 Hours: 24 Bbl oil: 228 Mcf Gas: 199 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 228 Mcf Gas: 199 Bbl H2O: 10 GOR: 873

Test Method: Flowing Casing PSI: 1778 Tubing PSI: 798 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1343 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7349 Tbg setting date: 08/09/2013 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: 8093 Bottom: 10399 No. Holes: _____ Hole size: _____

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

Completed Depths: 8,093'-8,940' 10,098'-10,399'

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: 7821 Bottom: 10098 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

Completed Depths: 7,821'-8,093' 8,940'-10,098'

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
Agency	Returned to draft for AOC settlement.	09/15/2016
Permit	Top perf is above Codell top.	04/25/2014

Total: 2 comment(s)