

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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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: Cassie Gonzalez
Phone: (303) 860-5800
Fax: (303) 831-3988
Email: Cassie.Gonzalez@pdce.com

5. API Number 05-123-37309-00
6. County: WELD
7. Well Name: Sorin Natural Resources
Well Number: 2R-403
8. Location: QtrQtr: NWNE Section: 2 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: 8883 Bottom: 11395 No. Holes: Hole size:

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

Completed Depths: 8,883'-8,968' 11,354'-11,395'

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: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2014 End Date: 12/15/2014 Date of First Production this formation: 01/23/2015

Perforations Top: 7699 Bottom: 11688 No. Holes: _____ Hole size: _____

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

20 Stage Sliding Sleeve, Swell Packer set at 7,699'

Total Fluid: 93,056 bbls
 Gel Fluid: 72,364 bbls
 Slickwater Fluid: 20,692 bbls

Total Proppant: 4,432,585 lbs
 Silica Proppant: 4,432,585

Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 93056 Max pressure during treatment (psi): 3896

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): 0.91

Total acid used in treatment (bbl): _____ Number of staged intervals: 20

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 587

Fresh water used in treatment (bbl): 93056 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4432585 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/01/2015 Hours: 24 Bbl oil: 153 Mcf Gas: 1433 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 153 Mcf Gas: 1433 Bbl H2O: 20 GOR: 9366

Test Method: Flowing Casing PSI: 1939 Tubing PSI: 1766 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1233 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7156 Tbg setting date: 12/18/2014 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: 7699 Bottom: 11688 No. Holes: _____ Hole size: _____

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

Completed Depths: 7,699'-8,883' 8,968'-11,354' 11,395'-11,688'

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: 6/25/2019 Email Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Name
400754415	COMPLETED INTERVAL REPORT
402093142	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Ready to approve. Operator addressed previous issues: - tubing set date corrected to 12/18/2014	07/01/2019
Permit	Returned to Draft for: - tubing set date "12/9/2014" identical to start date of treatment?	06/04/2019
Permit	Returned to draft for AOC settlement.	09/15/2016

Total: 3 comment(s)