

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:

401887809

Date Received:

12/28/2018

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 05-123-46697-00
6. County: WELD
7. Well Name: J Clark
Well Number: 9C
8. Location: QtrQtr: NWNE Section: 14 Township: 5N Range: 65W 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: 10168 Bottom: 10815 No. Holes: 684 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Completed Depths: 10,168'-10,316', 10,706'-10,815'

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: <u>CARLILE-CODELL-FORT HAYS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>10/20/2018</u>		End Date: <u>10/25/2018</u>		Date of First Production this formation: <u>12/03/2018</u>	
Perforations	Top: <u>7619</u>	Bottom: <u>12219</u>	No. Holes: <u>684</u>	Hole size: <u>42/100</u>	

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

20 Stage Plug and Perf
 Total Fluid: 72,871 bbls
 Gel Fluid: 53,664 bbls
 Slickwater Fluid: 18,649 bbls
 15% HCl Acid: 558 bbls
 Total Proppant: 3,872,840 lbs
 Silica Proppant: 3,872,840 lbs
 Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): <u>72871</u>	Max pressure during treatment (psi): <u>4336</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.93</u>
Total acid used in treatment (bbl): <u>558</u>	Number of staged intervals: <u>20</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>4251</u>
Fresh water used in treatment (bbl): <u>72313</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>3872840</u>	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

Test Information:

Date: <u>12/09/2018</u>	Hours: <u>24</u>	Bbl oil: <u>216</u>	Mcf Gas: <u>907</u>	Bbl H2O: <u>120</u>
Calculated 24 hour rate:	Bbl oil: <u>216</u>	Mcf Gas: <u>907</u>	Bbl H2O: <u>120</u>	GOR: <u>4199</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2013</u>	Tubing PSI: <u>1321</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1251</u>	API Gravity Oil: <u>47</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7059</u>	Tbg setting date: <u>11/29/2018</u>	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: 7619	Bottom: 12219	No. Holes: 684	Hole size: 42/100	

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

Completed Depths: 7,619'-8,082', 9,533'-10,168', 10,316'-10,706', 10,815'-11,711', 12,094'-12,219'

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: <input type="checkbox"/>

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: 8082 Bottom: 12094 No. Holes: 684 Hole size: 42/100

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

Completed Depths: 8,082'-9,533', 11,711'-12,094'

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: _____

Top of Productive Zone Footage: 229' FSL & 2,296' FWL Sec: 11 Twp: 5N Rng: 65W

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: 12/28/2018 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num	Name
401887809	FORM 5A SUBMITTED
Total Attach: 1 Files	

General Comments

User Group	Comment	Comment Date
Permit	Permitting review complete.	11/01/2019
Total: 1 comment(s)		