

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 8062 Bottom: 9877 No. Holes: _____ Hole size: _____

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

Completed Depths: 8,062'-9,169' 9,750'-9,877'

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: NIORARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/03/2012 End Date: 08/03/2012 Date of First Production this formation: 08/17/2012

Perforations Top: 7318 Bottom: 11273 No. Holes: _____ Hole size: _____

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

16 Stage Sliding Sleeve, Swell Packer set at 7,318'

Total Fluid: 66,689 bbls
 Gel Fluid: 55,648 bbls
 Slickwater Fluid: 11,041 bbls
 Total Proppant: 3,470,677 lbs
 Silica Proppant: 3,470,677 lbs
 Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 66689 Max pressure during treatment (psi): 3066

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): 0.88

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 6143

Fresh water used in treatment (bbl): 66689 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3470677 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/26/2012 Hours: 24 Bbl oil: 183 Mcf Gas: 301 Bbl H2O: 121

Calculated 24 hour rate: Bbl oil: 183 Mcf Gas: 301 Bbl H2O: 121 GOR: 1639

Test Method: Flowing Casing PSI: 1189 Tubing PSI: 738 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1456 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7004 Tbg setting date: 08/16/2012 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: NIORARA Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 7699 Bottom: 8062 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

Completed Depths: 7,699'-8,062'

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 | Field Name is missing one Well Information tab. Return to draft for operator correction. | 11/12/2019 |
| Permit | Returned to draft for AOC settlement. | 09/15/2016 |

Total: 2 comment(s)