

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:

400494770

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

5. API Number 05-123-35406-00
6. County: WELD
7. Well Name: Schaefer
Well Number: 10J-403
8. Location: QtrQtr: NWNW Section: 10 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

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

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

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

Completed Depths: 7,318'-7,699' 9,169'-9,750' 9,877'-11,273'

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: 8062	Bottom: 9877	No. Holes: _____	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Completed Depths: 8,062'-9,169' 9,750'-9,877'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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					
<u>Test Information:</u>					
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: <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: NIOBRARA-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: <input checked="" type="checkbox"/>	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <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: NIOBRARA 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.	11/12/2019
	Return to draft for operator correction.	
Permit	Returned to draft for AOC settlement.	09/15/2016

Total: 2 comment(s)