

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:

400904151

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 05-123-41386-00

7. Well Name: Stroh

8. Location: QtrQtr: NESW Section: 13 Township: 4N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 13O-403

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2015 End Date: 08/20/2015 Date of First Production this formation: 09/15/2015

Perforations Top: 7866 Bottom: 14430 No. Holes: 1260 Hole size: 42/100

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

35 Stage Plug and Perf
Total Fluid: 117,788 bbls
Gel Fluid: 95,841 bbls
Slickwater Fluid: 21,076 bbls
15% HCl Acid: 871 bbls
Total Proppant: 7,402,580 lbs
Silica Proppant: 7,402,580 lbs
Method for determining flowback: Measuring flowback tank volumes.

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

Total fluid used in treatment (bbl): 117788

Max pressure during treatment (psi): 4182

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): 0.93

Total acid used in treatment (bbl): 871

Number of staged intervals: 35

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 2837

Fresh water used in treatment (bbl): 116917

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7402580

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/17/2015 Hours: 24 Bbl oil: 137 Mcf Gas: 967 Bbl H2O: 99

Calculated 24 hour rate: Bbl oil: 137 Mcf Gas: 967 Bbl H2O: 99 GOR: 7058

Test Method: Flowing Casing PSI: 1977 Tubing PSI: 1404 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1152 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7406 Tbg setting date: 09/13/2015 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: 8100 Bottom: 9450 No. Holes: 1260 Hole size: 42/100

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

Completed Depths: 8,100'-9,450'

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: 7866 Bottom: 14430 No. Holes: 1260 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Completed Depths: 7,866'-8,100', 9,450'-14,430'

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	Returned to draft for AOC settlement.	09/13/2016
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Total: 1 comment(s)