

Document Number:
402281857

Date Received:
01/23/2020

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 4. Contact Name: Valerie Danson
 2. Name of Operator: PDC ENERGY INC Phone: (970) 506-9272
 3. Address: 1775 SHERMAN STREET - STE 3000 Fax: _____
 City: DENVER State: CO Zip: 80203 Email: valerie.danson@pdce.com

5. API Number 05-123-24817-00 6. County: WELD
 7. Well Name: DALTON Well Number: 14-24
 8. Location: QtrQtr: SWSW Section: 24 Township: 7N Range: 66W Meridian: 6
 9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/02/2007
 Perforations Top: 7076 Bottom: 7377 No. Holes: 149 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 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: CIBP set at 7142' topped with 2 sxs of cement, also set an RBP at 6975' topped with 2 sxs of sand and pressure tested to 2000 PSI for 15 Minutes, safety shut in for PDC's MTD Waffle offset Fracs. At this time PDC plans on returning the well to production once the offset fracs have been completed.

Date formation Abandoned: 11/13/2019 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 7142 ** Sacks cement on top: 2 ** 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: Valerie Danson

Title: Reg Tech Date: 1/23/2020 Email: valerie.danson@pdce.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402281857	FORM 5A SUBMITTED
402293462	WIRELINE JOB SUMMARY
402293463	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete.	01/27/2020

Total: 1 comment(s)