

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:

402342127

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: Valerie Danson
Phone: (970) 506-9272
Fax:
Email: valerie.danson@pdce.com

5. API Number 05-123-13388-00
6. County: WELD
7. Well Name: LINHART
Well Number: 4-33
8. Location: QtrQtr: NWNW Section: 33 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 05/07/1987
Perforations Top: 6926 Bottom: 7263 No. Holes: 200 Hole size: 38/100
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:
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:

This form is being submitted to correct perforation depths on the scout card, prior to P&A. Permitting request. The original Well Completion Report Doc#186665 submitted on 5/22/1987 shows the correct bottom depth of the Codell formation, unfortunately the re-frac on the 5A submitted 6/13/2005 Doc#1344834 did not list this original bottom depth correctly on the gross interval section.

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: _____

Email valerie.danson@pdce.com _____

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Attachment Check List

Att Doc Num

Name

402342167

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)