

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:

400765810

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 05-123-38737-00

7. Well Name: Tracy

8. Location: QtrQtr: SWSE Section: 14 Township: 7N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14P-432

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 12/18/2014		End Date: 12/18/2014		Date of First Production this formation: 01/05/2015	
Perforations Top: 7969		Bottom: 15109		No. Holes: _____ Hole size: _____	
Provide a brief summary of the formation treatment:				Open Hole: <input checked="" type="checkbox"/>	
35 Stage Sliding Sleeve, Swell Packer set at 7,969' Total Fluid: 154,308 bbls Gel Fluid: 122,786 bbls Slickwater Fluid: 31,522 bbls Total Proppant: 7,535,840 lbs Silica Proppant: 7,535,840 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): 154308		Max pressure during treatment (psi): 4450			
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): 0.96			
Total acid used in treatment (bbl): _____		Number of staged intervals: 35			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): 4612			
Fresh water used in treatment (bbl): 154308		Disposition method for flowback: _____			
Total proppant used (lbs): 7535840		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: 01/20/2015	Hours: 24	Bbl oil: 259	Mcf Gas: 268	Bbl H2O: 141	
Calculated 24 hour rate:	Bbl oil: 259	Mcf Gas: 268	Bbl H2O: 141	GOR: 1035	
Test Method: Flowing	Casing PSI: 1116	Tubing PSI: 807	Choke Size: 16/64		
Gas Disposition: _____	Gas Type: _____	Btu Gas: 1395	API Gravity Oil: 42		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7483	Tbg setting date: 12/28/2014	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: CODELL Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 8408 Bottom: 15109 No. Holes: _____ Hole size: _____

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

Completed Depths: 8,408'-8,839' 9,254'-15,109'

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: 7969 Bottom: 9254 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Completed Depths: 7,969'-8,408' 8,839'-9,254'

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft for AOC settlement.	09/15/2016

Total: 1 comment(s)