

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) 892-2109



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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: <u>69175</u>	4. Contact Name: <u>Cassie Gonzalez</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860-5800</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Cassie.Gonzalez@pdce.com</u>

5. API Number <u>05-123-47813-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Popham</u>	Well Number: <u>20N</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>3</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/14/2020 End Date: 03/20/2020 Date of First Production this formation: 04/19/2020

Perforations Top: 7540 Bottom: 12623 No. Holes: 1020 Hole size: 42/100

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

29 Stage Plug and Perf
Total Fluid: 35,291 bbls
Slickwater Fluid: 34,946 bbls
15% HCl Acid: 345 bbls
Total Proppant: 5,644,000 lbs
Silica Proppant: 5,644,000 lbs
Method for determining flowback: measuring flowback tank volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 35291 Max pressure during treatment (psi): 4556

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): 0.91

Total acid used in treatment (bbl): 345 Number of staged intervals: 29

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 4096

Fresh water used in treatment (bbl): 34946 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5644000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/25/2020 Hours: 24 Bbl oil: 474 Mcf Gas: 1100 Bbl H2O: 215

Calculated 24 hour rate: Bbl oil: 474 Mcf Gas: 1100 Bbl H2O: 215 GOR: 2321

Test Method: Flowing Casing PSI: 2632 Tubing PSI: 1804 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7399 Tbg setting date: 04/17/2020 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:

Actual Top of Productive Zone Footage: 600' FSL & 231' FEL Sec: 3 Twp: 4N Rng: 64W

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 Analyst 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>
		Stamp Upon Approval

Total: 0 comment(s)