

Document Number:
401587656

Date Received:
03/27/2018

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>Kelsi Welch</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 831-3974</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: _____
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5. API Number <u>05-123-24819-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ANDERSON</u>	Well Number: <u>42-10</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/30/2007

Perforations Top: 7146 Bottom: 7338 No. Holes: 84 Hole size: 0.34

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: <input type="checkbox"/>

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: Plug set down hole for offset frac. The two sacks of cement placed on top of the CIBP technically designates this formation as AB, however, the TA distinction was chosen because PDC intended to return this well to production upon the conclusion of the frac. Tubing was pulled, plug and casing were pressure tested up to 2000 psi for 15 mins and a 5K wellhead was installed.

Date formation Abandoned: 03/13/2018 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6979 ** 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: Kelsi Welch

Title: Production Tech Date: 3/27/2018 Email kelsi.welch@pdce.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401587656	FORM 5A SUBMITTED
401587660	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator provided hole size. Permitting review complete.	08/19/2020
Permit	Emailed operator regarding missing hole size field.	10/03/2019

Total: 2 comment(s)