

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



DE ET OE ES

Document Number:

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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: 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 05-123-13293-00  
6. County: WELD  
7. Well Name: LEAFGREN  
Well Number: 1-17  
8. Location: QtrQtr: SWSW Section: 17 Township: 6N Range: 65W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 12/24/1986  
Perforations Top: 7125 Bottom: 7136 No. Holes: 50 Hole size: 32/100  
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.

|                            |           |                   |                |   |  |
|----------------------------|-----------|-------------------|----------------|---|--|
| FORMATION: NIOBRARA-CODELL |           | Status: PRODUCING |                | Treatment Type: _____                               |  |
| Treatment Date: _____      |           | End Date: _____   |                | Date of First Production this formation: 04/03/2008 |  |
| Perforations               | Top: 6834 | Bottom: 7136      | No. Holes: 103 | Hole size: 39/100                                   |  |

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: <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:

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: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 04/03/2008

Perforations Top: 6834 Bottom: 6962 No. Holes: 53 Hole size: 39/100

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 and number of holes on the scout card, prior to P&A. Permitting request. There was a Codell re-frac in 2000 that unfortunately never was reported, documentation and details of the work performed is included in these attachments.

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

**Attachment Check List**

| Att Doc Num | Name               |
|-------------|--------------------|
| 402549432   | OPERATIONS SUMMARY |
| 402549433   | WELLBORE DIAGRAM   |

Total Attach: 2 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)