

FORM
5A

Rev
09/20

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:

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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: Jessica Johannsen

Phone: (303) 860-5800

Fax:

Email: jessica.johannsen@pdce.com

5. API Number 05-123-14754-00

7. Well Name: STATE

8. Location: QtrQtr: SENW Section: 36 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 22-36

Completed Interval

FORMATION: NIOBRARA Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: _____
Perforations Top: 6408 Bottom: 6578 No. Holes: 468 Hole size: _____ Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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: CIBP set at 6358' topped with 2 sxs of cement and pressure tested to 1000 PSI for 15 Minutes, safety shut in with a 5K wellhead for offset Fracs. At this time PDC plans on finishing plugging operations at a later date.

Date formation Abandoned: 09/14/2021 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6358 ** 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: Jessica Johannsen
Title: Regulatory Analyst Date: _____ Email: jessica.johannsen@pdce.com

Attachment List

Att Doc Num	Name
402874978	OPERATIONS SUMMARY
402875115	WIRELINE JOB SUMMARY
402875121	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)