

FORM
5A
Rev
09/20

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
403620000

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: 1099 18TH STREET SUITE 1500
City: DENVER State: CO Zip: 80202
4. Contact Name: Cassie Gonzalez
Phone: (303) 860-5800
Fax: _____
Email: Cassie.Gonzalez@pdce.com

5. API Number 05-001-10335-00
6. County: ADAMS
7. Well Name: Brant Federal
Well Number: 20NA
8. Location: QtrQtr: SENE Section: 11 Township: 1S Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/14/2023 End Date: 09/27/2023 Date this Formation was Completed: 11/09/2023

Perforations Top: 8464 Bottom: 23182 No. Holes: 1488 Hole size: 42/100 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.

42 Stage Plug and Perf

Total Fluid: 276,383 bbls
Gel Fluid: 156,487 bbls
Slickwater Fluid: 119,472 bbls
15% HCl Acid: 424 bbls
Total Proppant: 9,309,520 lbs
Silica Proppant: 9,309,520 lbs

Method for determining flowback: Measuring flowback tank volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 276383 Max pressure during treatment (psi): 4375

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): 0.90

Total acid used in treatment (bbl): 424 Number of staged intervals: 42

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 23857

Fresh water used in treatment (bbl): 275959 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9309520

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/22/2023 Hours: 24 Bbl oil: 509 Mcf Gas: 652 Bbl H2O: 578
Date Calculated 24 hour rate: Bbl oil: 509 Mcf Gas: 652 Bbl H2O: 578 GOR: 1281
Test Method: Flowing Casing PSI: 2138 Tubing PSI: 1585 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1333 API Gravity Oil: 60
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7978 Tbg setting date: 10/07/2023 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: 410' FSL & 615' FWL Sec: 12 Twp: 1S Rng: 67W

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 List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)