

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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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. ECMC Operator Number: <u>69175</u>	4. Contact Name: <u>Randy Thweatt</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 228-4000</u>
3. Address: <u>1099 18TH STREET SUITE 1500</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>denverregulatory@chevron.onmicrosoft.com</u>

5. API Number <u>05-123-51795-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Hen</u>	Well Number: <u>02N</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>8</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: HYDRAULIC FRACTURING

Treatment Date: 05/13/2024 End Date: 05/20/2024 Date this Formation was Completed: 06/21/2024

Perforations Top: 7700 Bottom: 15120 No. Holes: 720 Hole size: 40/100 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.

Niobrara completed with 284 bbls 15% HCL, 109,751 bbls slurry, 27,638 bbls recycled water, 7,469,440 40/140 White.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 137673 Max pressure during treatment (psi): 4569

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): 0.98

Total acid used in treatment (bbl): 284 Number of staged intervals: 21

Recycled or Reused Fluids used in treatment (bbl): 27638 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 109751 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7469440

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

06/22/2024 Hours: 24 Bbl oil: 212 Mcf Gas: 560 Bbl H2O: 143

Calculated 24 hour rate: Bbl oil: 212 Mcf Gas: 560 Bbl H2O: 143 GOR: 2170

Test Method: Flowing Casing PSI: 870 Tubing PSI: 900 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1312 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7561 Tbg setting date: 06/09/2024 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 TPZ is Sec 8, T4N 64W: 361' FNL, 2426' FEL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Kim Bauer

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: kimberlybauer@chevron.com

### ATTACHMENT LIST

Att Doc Num	Name
403857749	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)