

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:
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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>05-123-51815-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Drake</u>	Well Number: <u>17N</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>17</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: 07/09/2024 End Date: 07/22/2024 Date this Formation was Completed: 09/19/2024

Perforations Top: 7879 Bottom: 18590 No. Holes: 972 Hole size: 0.36 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 516 bbls 28% HCL, 194,303 bbls slurry, 24,182 bbls recycled water, 10,546,471 lb 40/70 Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 219001 Max pressure during treatment (psi): 8587

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.96

Total acid used in treatment (bbl): 516 Number of staged intervals: 41

Recycled or Reused Fluids used in treatment (bbl): 24182 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 194303 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 10546471

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/20/2024 Hours: 24 Bbl oil: 45 Mcf Gas: 400 Bbl H2O: 560
Date Calculated 24 hour rate: Bbl oil: 45 Mcf Gas: 400 Bbl H2O: 560 GOR: 8889
Test Method: Flowing Casing PSI: 1104 Tubing PSI: 1108 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1249 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7685 Tbg setting date: 08/21/2024 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 18, T4N R64W: 1623' FSL, 475' FEL

This well did not flowback, the well went straight to the production facility.

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
403950602	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)