

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:
404012715

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: 69175
2. Name of Operator: PDC ENERGY INC
3. Address: 1099 18TH STREET SUITE 1500
City: DENVER State: CO Zip: 80202
4. Contact Name: Randy Thweatt
Phone: (303) 829-2393
Fax: _____
Email: DenverRegulatory@chevron.com

5. API Number 05-123-51774-00
6. County: WELD
7. Well Name: George
Well Number: 07NA
8. Location: QtrQtr: SWNE Section: 21 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/29/2024 End Date: 10/08/2024 Date this Formation was Completed: 11/17/2024

Perforations Top: 7959 Bottom: 18041 No. Holes: 900 Hole size: 0.38 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 231 bbls 28% HCL, 119,286 bbls slurry, 40,914 bbls recycled water, 10,141,596 lb 40/140 Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 160431 Max pressure during treatment (psi): 8476

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): 0.95

Total acid used in treatment (bbl): 231 Number of staged intervals: 38

Recycled or Reused Fluids used in treatment (bbl): 40914 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 119286 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 10141596

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/25/2024 Hours: 24 Bbl oil: 415 Mcf Gas: 1230 Bbl H2O: 476
Date Calculated 24 hour rate: Bbl oil: 415 Mcf Gas: 1230 Bbl H2O: 476 GOR: 2964
Test Method: Flowing Casing PSI: 2662 Tubing PSI: 2045 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7708 Tbg setting date: 11/07/2024 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 21, T4N R64W: 1433' FNL, 229' 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: DenverRegulatory@chevron.com

ATTACHMENT LIST

Att Doc Num	Name
404012724	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)