

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Jeff Glossa
Phone: (303) 831-3972
Fax: (303) 860-5838

5. API Number 05-123-21183-00
6. County: WELD
7. Well Name: NHF
Well Number: 31-21
8. Location: QtrQtr: NWNE Section: 21 Township: 5N Range: 63W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/10/2012 End Date: 03/10/2012 Date of First Production this formation:
Perforations Top: 6586 Bottom: 6594 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: []

Re-Perf Codell, Frac'd Codell w/ 119 bbl FE-1A pad, 500 bbls 26# pHaser pad, 1887 bbls 26# pHaser fluid system, 219580# 20/40 Preferd Rock, 8000# 20/40 SB Excel.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2520 Max pressure during treatment (psi): 7386
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 26.00
Type of gas used in treatment: Max frac gradient (psi/ft): 0.90
Total acid used in treatment (bbl): 119 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 2401 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 227580 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 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:

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.

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/20/2012

Perforations Top: 6413 Bottom: 6594 No. Holes: 60 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

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: _____ Max frac gradient (psi/ft): _____

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2012 Hours: 24 Bbl oil: 8 Mcf Gas: 21 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 21 Bbl H2O: 0 GOR: 2735

Test Method: Flowing Casing PSI: 859 Tubing PSI: 583 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1269 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6572 Tbg setting date: 03/13/2012 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: _____

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

Signed: _____ Print Name: Jeff Glossa

Title: Sr Engineering Tech Date: _____ Email jglossa@petd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)