

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



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400316330

Date Received:

08/15/2012

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 05-123-34623-00
6. County: WELD
7. Well Name: Green
Well Number: 12-24H
8. Location: QtrQtr: SWNW Section: 24 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/05/2012 End Date: 03/06/2012 Date of First Production this formation: 04/12/2012
Perforations Top: 7683 Bottom: 11407 No. Holes: 16 Hole size: 16/64
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): 2469306 Max pressure during treatment (psi): 7539
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 24.00
Type of gas used in treatment: Max frac gradient (psi/ft): 0.99
Total acid used in treatment (bbl): Number of staged intervals: 16
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 2469306 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3557220 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2012 Hours: 24 Bbl oil: 159 Mcf Gas: 369 Bbl H2O: 73
Calculated 24 hour rate: Bbl oil: 159 Mcf Gas: 369 Bbl H2O: 73 GOR: 2319
Test Method: Flowing Casing PSI: 1054 Tubing PSI: 545 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1319 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7305 Tbg setting date: 03/15/2012 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:

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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: 8/15/2012 Email jglossa@petd.com
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Attachment Check List

Att Doc Num	Name
400316330	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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