

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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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. OGCC Operator Number: 69175 4. Contact Name: Jeff Glossa
2. Name of Operator: PDC ENERGY INC Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-35078-00 6. County: WELD
7. Well Name: Carmichael Well Number: 26U-243
8. Location: QtrQtr: NENE Section: 26 Township: 7N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/18/2012 End Date: 06/19/2012 Date of First Production this formation: 06/28/2012
Perforations Top: 7273 Bottom: 11245 No. Holes: 17 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): 410801 Max pressure during treatment (psi): 7313
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): 0.85
Total acid used in treatment (bbl): _____ Number of staged intervals: 17
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 3133
Fresh water used in treatment (bbl): 410801 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3527300 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/31/2012 Hours: 24 Bbl oil: 138 Mcf Gas: 162 Bbl H2O: 101
Calculated 24 hour rate: Bbl oil: 138 Mcf Gas: 162 Bbl H2O: 101 GOR: 1
Test Method: Flowing Casing PSI: 1285 Tubing PSI: 930 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1744 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6948 Tbg setting date: 06/26/2012 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: _____ Email jglossa@petd.com
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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)