

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 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 05-123-35168-00 6. County: WELD
7. Well Name: Thornton Well Number: 19X-404
8. Location: QtrQtr: NESE Section: 19 Township: 7N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/11/2012 End Date: 06/12/2012 Date of First Production this formation: 06/15/2012
Perforations Top: 7925 Bottom: 11815 No. Holes: 16 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): 58796 Max pressure during treatment (psi): 6285
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): 24 Number of staged intervals: 16
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 71684
Fresh water used in treatment (bbl): 13657 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3216339 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2012 Hours: 24 Bbl oil: 318 Mcf Gas: 403 Bbl H2O: 2312
Calculated 24 hour rate: Bbl oil: 318 Mcf Gas: 403 Bbl H2O: 2312 GOR: 1267
Test Method: Flowing Casing PSI: 1854 Tubing PSI: 755 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1435 API Gravity Oil: 44
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.

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
:

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)