

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400335804

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: Jenifer Hakkarinen  
Phone: (303) 8605800  
Fax: (303) 8605838

5. API Number 05-123-23139-00  
6. County: WELD  
7. Well Name: WELLS RANCH  
Well Number: 43-15  
8. Location: QtrQtr: NESE Section: 15 Township: 6N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 08/27/2012 End Date: 08/27/2012 Date of First Production this formation: 09/04/2012  
Perforations Top: 6771 Bottom: 6779 No. Holes: 24 Hole size: 13/32  
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): 2724 Max pressure during treatment (psi): 4178  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.27  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.64  
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): 2605 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 225520 Rule 805 green completion techniques were utilized: ☒  
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: 2 + 3/8 Tubing Setting Depth: 6739 Tbg setting date: 08/21/2012 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 09/04/2012

Perforations Top: 6504 Bottom: 6779 No. Holes: 52 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: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

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

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 4

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

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](http://FracFocus.org)**

**Test Information:**

Date: 09/28/2012 Hours: 24 Bbl oil: 60 Mcf Gas: 105 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 60 Mcf Gas: 105 Bbl H2O: 4 GOR: 1750

Test Method: Flowing Casing PSI: 632 Tubing PSI: 588 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 42

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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 08/27/2012 End Date: 08/27/2012 Date of First Production this formation: 09/04/2012  
Perforations Top: 6504 Bottom: 6609 No. Holes: 28 Hole size: 27/64

Provide a brief summary of the formation treatment:

Open Hole: ☐

Nio Bench "A" @ 6504-6506 Bench "B" @ 6601-6609

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3774

Max pressure during treatment (psi): 466

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 6.27

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.94

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): 3655

Disposition method for flowback:

Total proppant used (lbs): 250120

Rule 805 green completion techniques were utilized: ☒

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: 2 + 3/8 Tubing Setting Depth: 6739 Tbg setting date: 08/21/2012 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: Jenifer Hakkarinen

Title: Regulatory Analyst Date: Email: Jenifer.Hakkarinen@pdce.com

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)