

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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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: [X] 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: [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: 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: NIORARA-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**

**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: 11/8/2012 Email: Jenifer.Hakkarinen@pdce.com

**Attachment Check List**

Att Doc Num	Name
400335804	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

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