

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:

400327412

Date Received:

09/17/2012

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

5. API Number 05-123-21265-00  
6. County: WELD  
7. Well Name: E. JOHNSON  
Well Number: 2-22  
8. Location: QtrQtr: NWNW Section: 2 Township: 5N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2012 End Date: 05/09/2012 Date of First Production this formation:

Perforations Top: 7149 Bottom: 7157 No. Holes: 24 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

218160 lbs Ottawa 8000 lbs SBXL 20/40. RD HES. MTP = 4274 psi, ATP = 3585 psi, AIR = 20.2 bpm. Pressure response was slightly positive for entire treatment.

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

Total fluid used in treatment (bbl): 2734 Max pressure during treatment (psi): 4274

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 20.00

Type of gas used in treatment: Min frac gradient (psi/ft): 1.00

Total acid used in treatment (bbl): 118 Number of staged intervals:

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

Fresh water used in treatment (bbl): 2616 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 226160 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: 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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2012 End Date: 05/09/2012 Date of First Production this formation: 05/31/2012

Perforations Top: 6842 Bottom: 7157 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): 43

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

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: 07/31/2012 Hours: 24 Bbl oil: 18 Mcf Gas: 33 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 18 Mcf Gas: 33 Bbl H2O: 2 GOR: 1833

Test Method: Flowing Casing PSI: 1476 Tubing PSI: 1212 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1330 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7069 Tbg setting date: 05/01/2012 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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6842 Bottom: 6972 No. Holes: 28 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Niobrara "B" Bench @ 6964'-6972' (3 SPF) Niobrara "A" Bench @ 6842' - 6844' (2 SPF) (28 New holes). POOH and RDMO PSI Wireline. 239880 lbs Preferred Rock 20/40 12000 20/40 SB Excel. RD HES. MTP = 5208 psi, ATP = 4580 psi, AIR = 51.3 bpm. Pressure response was slightly positive for entire treatment.

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

Total fluid used in treatment (bbl): 3947 Max pressure during treatment (psi): 5208

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 20.00

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 1.00

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 0

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

Fresh water used in treatment (bbl): 3947 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 251880 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: \_\_\_\_\_ 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: \_\_\_\_\_

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: 9/17/2012 Email: Jenifer.Hakkarinen@PDCE.com

#### **Attachment Check List**

Att Doc Num	Name
400327412	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Received and entered frac info.	11/9/2012 10:05:24 AM
Permit	Requested more frac info.	11/8/2012 3:19:19 PM

Total: 2 comment(s)