

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

5. API Number 05-123-20866-00 6. County: WELD 7. Well Name: Edwards Well Number: 34-9 8. Location: QtrQtr: SWSE Section: 9 Township: 5N Range: 67W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: GREENHORN Status: PRODUCING Treatment Type: Treatment Date: 05/07/2012 End Date: 05/07/2012 Date of First Production this formation: 05/23/2012 Perforations Top: 7422 Bottom: 7502 No. Holes: 43 Hole size: 23/64

Provide a brief summary of the formation treatment: Open Hole: Perf Greenhorn 7422-7427 (5 holes), 7434-7436 (4 holes), 7455-7462' (14 holes), 7484-89' (10 holes), 7497-7502' (10 holed)

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): 3590 Max pressure during treatment (psi): 4995 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 1.51 Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): 24 Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 3566 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 226320 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 31 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 31 Bbl H2O: 0 GOR: 9390 Test Method: Flowing Casing PSI: 100 Tubing PSI: 75 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1206 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7523 Tbg setting date: 05/11/2012 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: GRANEROS Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/27/2012 End Date: 04/27/2012 Date of First Production this formation: _____
Perforations Top: 7585 Bottom: 7595 No. Holes: 50 Hole size: 23/64

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

Perf Graneros 7540-7550 (20 holes) 7560-7570' (10 holes) 7585-7595' (20 holes)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2805 Max pressure during treatment (psi): 5499

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 22.00

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.10

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 2805 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 34000 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: uneconomic

Date formation Abandoned: 07/03/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7530 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7692 Bottom: 7711 No. Holes: 24 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): _____

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

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: Uneconomic

Date formation Abandoned: 04/24/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7670 ** Sacks cement on top: 2 ** 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: Jeff Glossa

Title: Sr Engineering Tech Date: _____ Email jglossa@petd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)