

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 05-123-22771-00 6. County: WELD 7. Well Name: BAY FAMILY TRUST Well Number: 32-1 8. Location: QtrQtr: SWNE Section: 1 Township: 6N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 05/11/2012 Date of First Production this formation: 05/29/2012 Perforations Top: 7072 Bottom: 7080 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: [] 219700 lbs Preferred Rock 20/40 8000 lbs 20/40 SB Excel. MTP = 7786 psi, ATP = 6462 psi, AIR = 22 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 2781 Max pressure during treatment (psi): 7786 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 7.93 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): 0 Fresh water used in treatment (bbl): 2662 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 227700 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 + 7/8 Tubing Setting Depth: 6703 Tbg setting date: 05/10/2012 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: 05/24/2012

Perforations Top: 6792 Bottom: 7080 No. Holes: 58 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): 0

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: 08/16/2012 Hours: 24 Bbl oil: 12 Mcf Gas: 64 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 64 Bbl H2O: 1 GOR: 5333

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 600 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 API Gravity Oil: 49

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: 05/14/2012 End Date: 05/15/2012 Date of First Production this formation: 05/24/2012
Perforations Top: 6792 Bottom: 6913 No. Holes: 34 Hole size: 27/64

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

perforated Niobrara B @ 6905'-6913', 3 spf, (30 new holes) 120 degree phasing, 21 gram charges, .41" entry holes w/37.97" penetration, all shots fired pulled up perforated Niobrara A @ 6792-6794', 2 spf (4 new holes) (247080 lbs 20/40 High Crush) (12000 20/40 SB Excel. RD HES. MTP = 5221 psi, ATP = 4876 psi, AIR = 55.7 bpm. Pressure response was negative for entire treatment. Flush well in 2 ppg due to lift auger failure on gel unit.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3972 Max pressure during treatment (psi): 5221

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 6.52

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 3948 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 259080 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 + 7/8 Tubing Setting Depth: 6703 Tbg setting date: 05/10/2012 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: 10/24/2012 Email Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Name
400338805	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Operator reports that data have been submitted to Frac Focus.	11/27/2012 3:41:11 PM
Permit	Frac summaries added.	11/19/2012 10:00:09 AM
Permit	On hold for frac summaries and reporting to Frac Focus.	11/15/2012 9:38:15 AM

Total: 3 comment(s)