

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 4. Contact Name: Jenifer Hakkarinen
2. Name of Operator: PDC ENERGY INC Phone: (303) 8605800
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 8605838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-23145-00 6. County: WELD
7. Well Name: SCHMERGE Well Number: 34-4
8. Location: QtrQtr: SWSE Section: 4 Township: 5N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2013 End Date: 10/23/2012 Date of First Production this formation: 11/08/2012
Perforations Top: 7227 Bottom: 7235 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: [ ]

(218,540 lbs Preferred Rock 20/40) (8000 lbs 20/40 SB Excel). Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl): 2667 Max pressure during treatment (psi): 3836
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.63
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): 2548 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 226540 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: 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: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 11/08/2012

Perforations Top: 6934 Bottom: 7235 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): \_\_\_\_\_

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: 11/29/2012 Hours: 24 Bbl oil: 22 Mcf Gas: 66 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 66 Bbl H2O: 8 GOR: 300

Test Method: Flowing Casing PSI: 1145 Tubing PSI: 750 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1382 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7198 Tbg setting date: 11/08/2012 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: NIORRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2012 End Date: 10/23/2012 Date of First Production this formation: 11/08/2012  
Perforations Top: 6934 Bottom: 7046 No. Holes: 28 Hole size: 27/64

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

Niobrara "'B"' Bench @ 7038'-7046' (3 SPF) Niobrara "'A"' Bench @ 6934' - 6936' (28 New holes)  
238,000 lbs 20/40 Preferred Rock) (12,600 20/40 SB Excel.. Pressure response was negative for entire treatment. "

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3738 Max pressure during treatment (psi): 5017

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.15

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

Total acid used in treatment (bbl): 118 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 3620 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250600 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 TEch Date: \_\_\_\_\_ Email: Jenifer.Hakkarinen@pdce.com

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)