

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:

400335891

Date Received:

11/26/2012

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

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 05-123-22802-00

6. County: WELD

7. Well Name: WELLS RANCH

Well Number: 23-15

8. Location: QtrQtr: NESW Section: 15 Township: 6N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/04/2012</u>		End Date: <u>09/04/2012</u>		Date of First Production this formation: <u>09/21/2012</u>	
Perforations	Top: <u>6748</u>	Bottom: <u>66756</u>	No. Holes: <u>24</u>	Hole size: <u>13/32</u>	

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

Codell ReFrac: (217,740 lbs Ottawa 20/40) (8,680 lbs SBXL 20/40). RD HES. MTP = 3937 psi, ATP = 3433 psi, AIR = 20.1 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>2718</u>	Max pressure during treatment (psi): <u>3937</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.64</u>
Total acid used in treatment (bbl): <u>125</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>2593</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>226420</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6699</u>	Tbg setting date: <u>08/30/2012</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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\*\* 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: 09/08/2012 End Date: 09/08/2012 Date of First Production this formation: 09/21/2012

Perforations Top: 6574 Bottom: 6756 No. Holes: 52 Hole size: 27/64

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](http://FracFocus.org)**

**Test Information:**

Date: 09/18/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 4 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 4 Bbl H2O: 0 GOR: 6

Test Method: Flowing Casing PSI: 656 Tubing PSI: 600 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6699 Tbg setting date: 08/30/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 09/08/2012 End Date: 09/08/2012 Date of First Production this formation: 09/21/2012  
Perforations Top: 6754 Bottom: 6634 No. Holes: 28 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Nio Bench "A" @ 6574-6576, Bench "B" @ 6626-6634

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

Total fluid used in treatment (bbl): 7715

Max pressure during treatment (psi): 5065

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): 32.69

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): 7690

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 252240

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: 6699 Tbg setting date: 08/30/2012 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: 11/26/2012 Email: Jenifer.Hakkarinen@pdce.com

#### Attachment Check List

Att Doc Num	Name
400335891	FORM 5A SUBMITTED

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)