

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

5. API Number 05-123-35535-00 6. County: WELD 7. Well Name: Wells Ranch Well Number: 34F-402 8. Location: QtrQtr: NWNW Section: 34 Township: 6N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/15/2012 End Date: 10/15/2012 Date of First Production this formation: 11/01/2012

Perforations Top: 7203 Bottom: 11206 No. Holes: 16 Hole size: 13/32

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

75006 BBL 20/40 Ottawa, 4754 BBLs 20/40 CRC, MTP 8016

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

Total fluid used in treatment (bbl): 62371 Max pressure during treatment (psi): 8016

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.62

Type of gas used in treatment: Min frac gradient (psi/ft): 0.64

Total acid used in treatment (bbl): Number of staged intervals: 16

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 187

Fresh water used in treatment (bbl): 62371 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 79760 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: 11/13/2012 Hours: 24 Bbl oil: 380 Mcf Gas: 539 Bbl H2O: 187

Calculated 24 hour rate: Bbl oil: 380 Mcf Gas: 539 Bbl H2O: 187 GOR: 1418

Test Method: Flowing Casing PSI: 1838 Tubing PSI: 732 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1386 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6852 Tbg setting date: 10/24/2012 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:

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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

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

Total: 0 comment(s)