

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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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 05-123-35720-00 6. County: WELD
7. Well Name: Riteaway Well Number: 32J-403
8. Location: QtrQtr: NENW Section: 32 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/18/2012 End Date: 11/18/2012 Date of First Production this formation: 12/17/2012

Perforations Top: 7705 Bottom: 11418 No. Holes: 16 Hole size: 13/32

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

80585 Ottawa 20/40, 4585 CRC 20/40 MTP 7813

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

Total fluid used in treatment (bbl): 58989 Max pressure during treatment (psi): 7813

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): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 156

Fresh water used in treatment (bbl): 58989 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 85170 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/19/2012 Hours: 24 Bbl oil: 141 Mcf Gas: 179 Bbl H2O: 156

Calculated 24 hour rate: Bbl oil: 141 Mcf Gas: 179 Bbl H2O: 156 GOR: 1269

Test Method: Flowing Casing PSI: 1829 Tubing PSI: 1055 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1379 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7060 Tbg setting date: 12/12/2012 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
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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)