

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 05-123-20613-00
6. County: WELD
7. Well Name: STATE PETERSON
Well Number: # 22-16
8. Location: QtrQtr: SENW Section: 16 Township: 5N Range: 63W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/29/2012 End Date: 11/29/2012 Date of First Production this formation: 12/28/2012

Perforations Top: 6686 Bottom: 6694 No. Holes: 24 Hole size: 13/32

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

73,522 Ottawa 20/40, MTP 7378, pressure response was slightly positive for entire treatment.

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

Total fluid used in treatment (bbl): 1586 Max pressure during treatment (psi): 7378

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.64

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

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

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

Fresh water used in treatment (bbl): 1586 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 73522 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 + 3/8 Tubing Setting Depth: 6340 Tbg setting date: 12/11/2012 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-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/07/2013

Perforations Top: 6429 Bottom: 6694 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: _____

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: 01/17/2013 Hours: 24 Bbl oil: 5 Mcf Gas: 4 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 4 Bbl H2O: 2 GOR: 1250

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 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: 12/20/2012 End Date: 12/20/2012 Date of First Production this formation: 01/07/2013
Perforations Top: 6429 Bottom: 6524 No. Holes: 28 Hole size: 27/64

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

Nio "A" @ 6429-6431, Nio "B" @ 6516-6524, 238,000 LB 20/40, 12,000 20/40 MTP 4102

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3876 Max pressure during treatment (psi): 4102

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): 0.94

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): 3757 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250000 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: 6056 Tbg setting date: 12/20/2012 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 Tech Date: Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)