

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:

400415811

Date Received:

05/09/2013

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 05-123-20074-00 6. County: WELD
7. Well Name: CASS Well Number: 1
8. Location: QtrQtr: SWNE Section: 14 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: _____ End Date: _____ Date of First Production this formation: 08/01/2011
Perforations Top: 6636 Bottom: 6952 No. Holes: 282 Hole size: 16/64
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

Test Information:

Date: 08/18/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 7 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 7 Bbl H2O: 0 GOR: 1750
Test Method: Flowing Casing PSI: 550 Tubing PSI: 300 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 290 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6952 Tbg setting date: 03/11/2006 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:

This form is being submitted to correct production errors, if you have any questions feel free to contact me.

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: 5/9/2013 Email Jenifer.Hakkarinen@pdce.com
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Attachment Check List

Att Doc Num	Name
400415811	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)