

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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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 05-123-20074-00 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 [X] 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>

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