

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



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 05-123-35976-00
6. County: WELD
7. Well Name: Simonsen
Well Number: 11-421
8. Location: QtrQtr: NWNW Section: 12 Township: 6N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/24/2013 End Date: 03/03/2013 Date of First Production this formation: 03/14/2013
Perforations Top: 7876 Bottom: 12074 No. Holes: 16 Hole size: 27/64
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): 58160 Max pressure during treatment (psi): 6443
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.20
Type of gas used in treatment: Min frac gradient (psi/ft): 0.65
Total acid used in treatment (bbl): Number of staged intervals: 16
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 58160 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3559500 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/15/2013 Hours: 24 Bbl oil: 219 Mcf Gas: 472 Bbl H2O: 76
Calculated 24 hour rate: Bbl oil: 219 Mcf Gas: 472 Bbl H2O: 76 GOR: 22
Test Method: Flowing Casing PSI: 1335 Tubing PSI: 646 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1263 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7281 Tbg setting date: 03/15/2013 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

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<u>Comment Date</u>

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