

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: Christine Brookshire Phone: (303) 860-5800 Fax: (303) 860-5838

5. API Number 05-123-35275-00 6. County: WELD 7. Well Name: Magnuson Well Number: 231-221 8. Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 04/11/2013 End Date: 04/12/2013 Date of First Production this formation: 04/23/2013 Perforations Top: 7882 Bottom: 11582 No. Holes: 16 Hole size: 13/32 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): 58311 Max pressure during treatment (psi): 5574 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): 0.94 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): 58311 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 3553200 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: 05/20/2013 Hours: 24 Bbl oil: 225 Mcf Gas: 347 Bbl H2O: 63 Calculated 24 hour rate: Bbl oil: 225 Mcf Gas: 347 Bbl H2O: 63 GOR: 15 Test Method: Flowing Casing PSI: 1484 Tubing PSI: 681 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 API Gravity Oil: 43 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7342 Tbg setting date: 04/21/2013 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: Christine Brookshire

Title: Regulatory Tech Date: _____ Email: Christine.Brookshire@pdce.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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