

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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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 4. Contact Name: Christine Brookshire
2. Name of Operator: PDC ENERGY INC Phone: (303) 860-5800
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

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 ☒ 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: ☒
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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Total: 0 comment(s)