

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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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

Email: Jenifer.Hakkarinen@pdce.com

5. API Number 05-123-21297-00

7. Well Name: Baker

6. County: WELD

Well Number: 31-5

8. Location: QtrQtr: NWNE Section: 5 Township: 4N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/01/2012</u>		End Date: <u>11/01/2012</u>		Date of First Production this formation: <u>11/30/2012</u>	
Perforations	Top: <u>6600</u>	Bottom: <u>6608</u>	No. Holes: <u>24</u>	Hole size: <u>13/32</u>	

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

(217,100 lbs Preferred Rock 20/40) (8,460 lbs SBXL 20/40). RD HES. MTP = 4097 psi, ATP = 3645 psi, AIR = 19.1 bpm. Pressure response was slightly positive for entire treatment.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>2586</u>	Max pressure during treatment (psi): <u>4097</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.61</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.64</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>2586</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>225460</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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.**

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/30/2012

Perforations Top: 6333 Bottom: 6608 No. Holes: 52 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): _____ 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: DISPOSAL

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: 12/23/2012 Hours: 24 Bbl oil: 26 Mcf Gas: 84 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 84 Bbl H2O: 6 GOR: 3230

Test Method: Flowing Casing PSI: 920 Tubing PSI: 759 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1074 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6856 Tbg setting date: 11/30/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 11/01/2012 End Date: 11/01/2012 Date of First Production this formation: 11/30/2012
Perforations Top: 6333 Bottom: 6423 No. Holes: 28 Hole size: 27/64
Provide a brief summary of the formation treatment: Open Hole: ☐

One stage: Niobrara "B" Bench @ 6,415'-6,423' (3 SPF) Niobrara "A" Bench @ 6,333' - 6,335'.
(238,180 lbs 20/40 Preferred Rock) (12,000 20/40 SB Excel. RD HES. MTP = 4,774 psi, ATP = 4,426 psi, AIR = 50.2 bpm. Pressure response was flat for entire treatment. "

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3779 Max pressure during treatment (psi): 4774
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.63
Type of gas used in treatment: Min frac gradient (psi/ft): 0.94
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 6
Fresh water used in treatment (bbl): 3779 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250180 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

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: 2/22/2013 Email: Jenifer.Hakkarinen@pdce.com

Attachment Check List

Att Doc Num Name

400384437 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Need prod. reporting corrected. Only J reported up to 7/2013.	1/13/2014 3:59:06 PM

Total: 1 comment(s)