

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: Venessa Langmacher Phone: (303) 318-6102 Fax: (303) 831-3988 Email: venessa.langmacher@pdce.com

5. API Number 05-123-12611-00 6. County: WELD 7. Well Name: CAESAR Well Number: 1-14 8. Location: QtrQtr: NWNW Section: 14 Township: 5N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION Treatment Date: End Date: Date of First Production this formation: 10/31/1985 Perforations Top: 6649 Bottom: 6947 No. Holes: Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 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: This well is shut in due to offset mitigation. Date formation Abandoned: 07/16/2015 Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 6578 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

This location was shut in due to offset mitigation of a Baywater frac (Arellano 10 pad). The well was pressure tested and a RBP set. The RBP will be drilled out and the well will be returned to production as soon as the offset wells are finished fracing.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Venessa Langmacher

Title: Senior Regulatory Tech Date: 1/6/2016 Email venessa.langmacher@pdce.com

Attachment Check List

Att Doc Num **Name**

400965710	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	Well is not an open hole completion.	9/26/2016 8:17:21 AM
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Total: 1 comment(s)