

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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| DE | ET | OE | ES |
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Document Number:

401156091

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: Kelsi Welch

Phone: (303) 831-3974

Fax:

Email: kelsi.welch@pdce.com

5. API Number 05-123-20075-00

7. Well Name: BETH

8. Location: QtrQtr: NENE Section: 14 Township: 5N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 1

Completed Interval

| | | |
|--|--|--|
| FORMATION: NIOBRARA | Status: PRODUCING | Treatment Type: FRACTURE STIMULATION |
| Treatment Date: 07/11/2006 | End Date: 07/25/2006 | Date of First Production this formation: _____ |
| Perforations Top: 6634 | Bottom: 6835 | No. Holes: 153 Hole size: _____ |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> |
| <div>14 Stage Frac Total Fluid: 4,150 bbls Acid: 1000 gals HCl 15% Total proppant: 250, 240 lbs Ottawa 30/50: 238,240 lbs SB Excel 12/20: 12,000 lbs</div> | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total fluid used in treatment (bbl): 4150 | Max pressure during treatment (psi): 4766 | |
| Total gas used in treatment (mcf): _____ | Fluid density at initial fracture (lbs/gal): 8.34 | |
| Type of gas used in treatment: _____ | Min frac gradient (psi/ft): _____ | |
| Total acid used in treatment (bbl): 24 | Number of staged intervals: 14 | |
| Recycled water used in treatment (bbl): _____ | Flowback volume recovered (bbl): 204 | |
| Fresh water used in treatment (bbl): 4126 | Disposition method for flowback: DISPOSAL | |
| Total proppant used (lbs): 4150 | Rule 805 green completion techniques were utilized: <input type="checkbox"/> | |
| Reason why green completion not utilized: _____ | | |
| <div>Fracture stimulations must be reported on FracFocus.org</div> | | |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| ** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached. | | |
| Comment: _____ | | |
| Codell completion job previously reported on 11/19/01. Niobrara completion job done by Southwestern Production Corp prior to PDC's aquisition of thi swell; operations summary attached. 5A submittal is to document the completion of the Niobrara formation. | | |
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | |
| Signed: _____ | | Print Name: Kelsi Welch |
| Title: Production Tech | Date: _____ | Email: kelsi.welch@pdce.com |

Attachment Check List

Att Doc Num

Name

401156184

OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)