

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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Document Number:

401157899

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 05-123-19284-00
6. County: WELD
7. Well Name: DUNN
Well Number: 13-7
8. Location: QtrQtr: NWSW Section: 7 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 6888 Bottom: 6898 No. Holes: 60 Hole size:

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

This formation has been completed from 6888' - 6898'.

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:

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:

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: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: 02/14/2007 Date of First Production this formation: _____
Perforations Top: 6600 Bottom: 6728 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara formation perforated from 6600'-6604' (4 holes) and 6714'-6728' (56 holes)
2442 bbls Vistar 18# fluid system
245,240 lbs 20/40 White Sand
8000 lbs of 20/40 Super LC resin san
ATP 3910 psi
AIR 15.7 bpm

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): 4575.00

Total acid used in treatment (bbl): _____

Number of staged intervals: 10

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): 253240

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/16/2007 Hours: 24 Bbl oil: 6 Mcf Gas: 37 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 37 Bbl H2O: 1 GOR: 6167
Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 12
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:

Codell completion job previously reported 3/17/1997. 5A submittal to correct a previous submitted 5A (doc #1990006) filed 11/9/2007- Original 5A reported Niobrara completion incorrectly as a Codell re-perf.

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**

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)