

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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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: Elaine Winick Phone: (970) 313-5508 Fax: Email: Elaine.Winick@pdce.com

5. API Number 05-123-26862-00 6. County: WELD 7. Well Name: WELLS RANCH Well Number: 44-36 8. Location: QtrQtr: SESE Section: 36 Township: 6N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 11/14/2008 Perforations Top: 6354 Bottom: 6632 No. Holes: 70 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: 2 + 3/8 Tubing Setting Depth: 6025 Tbg setting date: 06/23/2016 Packer Depth: Reason for Non-Production: Plug set with 2 sacks sand for offset horizontal frac. Date formation Abandoned: 06/23/2016 Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 6331 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Form 7 correction - Form 5A submitted to show commingled formations that were not shown on form 5A doc 401185810. Wireline job summary doc 401185819. Operations summary doc 401223980.

On 3/16/2017 the sand was cleaned out and the plug was removed and the well was returned to production.

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

Signed: _____ Print Name: Elaine Winick

Title: Regulatory Tech Date: _____ Email: Elaine.Winick@pdce.com
:

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

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

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