

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401311199

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: ☐ 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: 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

--	--

Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)