

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:

401613905

Date Received:

05/08/2018

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: Ally Ota
Phone: (303) 860-5800
Fax: (303) 831-3988
Email: Alexandria.Ota@pdce.com

5. API Number 05-123-44004-00
6. County: WELD
7. Well Name: McGlothlin Farms
Well Number: 4W-404
8. Location: QtrQtr: SESE Section: 4 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type:

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

Perforations Top: 7268 Bottom: 12180 No. Holes: 1548 Hole size: 42/100

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

Penetrating Depths: 7,268'-12,180'

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-FT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 02/07/2018		End Date: 02/24/2018		Date of First Production this formation: 04/11/2018	
Perforations	Top: 7268	Bottom: 14594	No. Holes: 1548	Hole size: 42/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
44 Stage Plug and Perf Total Fluid: 148,532 bbls Gel Fluid: 106,611 bbls Slickwater Fluid: 40,794 bbls 15% HCl Acid: 1,127 bbls Total Proppant: 6,276,800 lbs Silica Proppant: 6,276,800 lbs Method for determining flowback: Measuring flowback tank volumes.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total fluid used in treatment (bbl): 148532		Max pressure during treatment (psi): 5945			
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): 0.96			
Total acid used in treatment (bbl): 1127		Number of staged intervals: 44			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 7844			
Fresh water used in treatment (bbl): 147405		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 6276800		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 04/19/2018	Hours: 24	Bbl oil: 301	Mcf Gas: 984	Bbl H2O: 465	
Calculated 24 hour rate:	Bbl oil: 301	Mcf Gas: 984	Bbl H2O: 465	GOR: 3269	
Test Method: Flowing	Casing PSI: 2543	Tubing PSI: 1631	Choke Size: 16/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1292	API Gravity Oil: 50		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7077	Tbg setting date: 03/03/2018	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.			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 12180 Bottom: 14594 No. Holes: 1548 Hole size: 42/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Completed Depths: 12,180'-14,594'

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.

Comment:

Actual Top of Productive Zone footages: 2,579' FSL & 534' FEL Sec: 4 Twp: 5N Rng: 64W

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

Signed: _____ Print Name: Cassie Gonzalez
Title: Regulatory Contractor Date: 5/8/2018 Email: Cassie.Gonzalez@pdce.com

Attachment Check List

Att Doc Num Name

401613905 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Permit Permitting review complete.

11/05/2019

Total: 1 comment(s)