

FORM
5A
Rev
09/20

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:
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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: <u>69175</u>	4. Contact Name: <u>Jessica Johannsen</u>
2. Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 860-5800</u>
3. Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>jessica.johannsen@pdce.com</u>

5. API Number <u>05-123-26741-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LEFFLER</u>	Well Number: <u>14-35</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>35</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

Completed Interval

FORMATION: NIOBRARA-CODELL Status: ABANDONED Treatment Type: _____
WELLBORE/COMPLETION

Treatment Date: _____ End Date: _____ Date this Formation was Completed: 02/23/2009
Perforations Top: 7034 Bottom: 7332 No. Holes: 52 Hole size: 34/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date 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: CIBP plug set at 6984' topped with 2 sxs of cement and pressure tested to 508 PSI for 15 Minutes for PDC's offset frac. At this time PDC plans on plugging this well once the offset frac has been completed.

Date formation Abandoned: 10/06/2022 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6984 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Jessica Johannsen
Title: Regulatory Analyst Date: _____ Email: jessica.johannsen@pdce.com

Attachment List

Att Doc Num	Name
403260332	NET PRESSURE CHART
403260333	WELLBORE DIAGRAM
403260334	OPERATIONS SUMMARY
403260335	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)