

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Document Number:

403878999

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. ECMC Operator Number: 69175

2. Name of Operator: PDC ENERGY INC

3. Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

4. Contact Name: Randy Thweatt

Phone: (303) 228-4000

Fax:

Email: Denverregulatory@chevron.onmicrosoft.com

5. API Number 05-123-51790-00

7. Well Name: Hen

8. Location: QtrQtr: SWNE Section: 8 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 08N

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/03/2024 End Date: 05/12/2024 Date this Formation was Completed: 07/10/2024
Perforations Top: 7708 Bottom: 14863 No. Holes: 732 Hole size: 0.4 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.

Niobrara completed with 250 bbls 15% HCL, 131,014 bbls slurry, 16,522 bbls recycled water, 7,224,970 lb 40/140 White.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 147786 Max pressure during treatment (psi): 8765
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): 0.93
Total acid used in treatment (bbl): 250 Number of staged intervals: 21
Recycled or Reused Fluids used in treatment (bbl): 16522 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 131014 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 7224970

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/11/2024 Hours: 24 Bbl oil: 298 Mcf Gas: 748 Bbl H2O: 128
Date Calculated 24 hour rate: Bbl oil: 298 Mcf Gas: 748 Bbl H2O: 128 GOR: 2510
Test Method: Flowing Casing PSI: 1900 Tubing PSI: 700 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1312 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7301 Tbg setting date: 06/28/2024 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 TPZ is Sec 8, T4N R64W: 1795' FNL, 2172' FEL

This well did not flowback, the well went straight to the production facility.

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

Signed: _____ Print Name: Kim Bauer
Title: Regulatory Analyst II Date: _____ Email: kimberlybauer@chevron.com

ATTACHMENT LIST

Att Doc Num **Name**

403881611 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)