

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



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Document Number:

403879178

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 05-123-51807-00

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: 10N

## Completed Interval

FORMATION: NIORARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 05/03/2024 End Date: 05/12/2024 Date this Formation was Completed: 07/11/2024  
Perforations Top: 7702 Bottom: 14700 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 252 bbls 15% HCL, 130,340 bbls slurry, 17,313 bbls recycled water, 7,164,550 lb 40/140 White.

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

Total fluid used in treatment (bbl): 147905 Max pressure during treatment (psi): 8953  
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): 0.48  
Total acid used in treatment (bbl): 252 Number of staged intervals: 21  
Recycled or Reused Fluids used in treatment (bbl): 17313 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 130340 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 7164550

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

### Test Information:

07/12/2024 Hours: 24 Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 2154 Tubing PSI: 271 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: 7185 Tbg setting date: 07/02/2024 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: 2287' FNL, 2152' 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
403882647	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)