

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400247346

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: 100185
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-077-10112-00
6. County: MESA
7. Well Name: ORCHARD UNIT
Well Number: 18-15H (K20OU)
8. Location: QtrQtr: NESW Section: 20 Township: 8S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/16/2011 Date of First Production this formation: 12/31/2011
Perforations Top: 8690 Bottom: 13670 No. Holes: 1260 Hole size: 0.32

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

Stges 1-20 treated with a total of: 183,000 bbls of Slickwater, 1,101,663 lbs 100 Sand, 1,653,114 lbs 40-70 White.

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

Test Information:

Date: 01/07/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6429 Bbls H2O: 1044
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6429 Bbls H2O: 1044 GOR: 0
Test Method: Flowing Casing PSI: 2900 Tubing PSI: Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
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:

Comment:

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

Signed: Print Name: Marina Ayala

Title: Permitting Technician Date: Email: marina.ayala@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400247351	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)