

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-077-10112-00 6. County: MESA
 7. Well Name: ORCHARD UNIT Well Number: 18-15H (K200U)
 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 Type: FRACTURE

Treatment Date: 10/16/2011 End Date: 11/28/2011 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:

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 183000 Max pressure during treatment (psi): 8499

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____ Number of staged intervals: 20

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.96

Recycled water used in treatment (bbl): 183000 Flowback volume recovered (bbl): 4219

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2754777 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 3130 Bbl H2O: 84

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3130 Bbl H2O: 84 GOR: 0

Test Method: Flowing Casing PSI: 1180 Tubing PSI: 505 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8632 Tbg setting date: 05/17/2012 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

New 5A tubing land 5/15/12.

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
:

Attachment Check List

Att Doc Num	Name
400293688	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)