

FORMATION: NIORRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 01/02/2012 End Date: _____ Date of First Production this formation: _____

Perforations Top: 6940 Bottom: 7266 No. Holes: 224 Hole size: _____

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

Frac'd Niobrara 6940' – 6960', 7040' -7060' w/ 157,290 gal fluid and 250,700# sand
Frac'd Codell 7250' – 7266', w/ 120,346 gal frac fluid and 251,400# sand
Set CIBP @ 7310' on 1/2/12. Set CFP @ 7120 on 1/2/12; drilled out 2/16/12.

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: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/25/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 485 Bbl H2O: 16
Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 485 Bbl H2O: 16 GOR: 24250
Test Method: Flow Casing PSI: 406 Tubing PSI: 262 Choke Size: _____
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 64
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7231 Tbg setting date: 02/16/2012 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: Jane Washburn
Title: Operations Technologist Date: 3/20/2012 Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400263269	FORM 5A SUBMITTED
400263327	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)