

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



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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, 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: <u>100185</u>	4. Contact Name: <u>Sheilla Reed-High</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3678</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4678</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-33313-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Ross</u>	Well Number: <u>4-2-19</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>19</u> Township: <u>2n</u> Range: <u>68w</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: 03/15/2012 Date of First Production this formation: 04/12/2012
Perforations Top: 7856 Bottom: 7873 No. Holes: 51 Hole size: 0.42

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

Set CFP @ 7910'. 02-23-12
Frac'd the Codell 7856' - 7873', (51 holes) w/ 211,932 gals slick water containing 154,000# 30/50 sand. 02-26-12

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 5046 Max pressure during treatment (psi): 6126
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.69
Total acid used in treatment (bbl): _____ Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 5046 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 154000 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/12/2012

Perforations Top: 7635 Bottom: 8323 No. Holes: 157 Hole size: 0.42

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

Set CBP @ 7590'. 03-14-12
Drilled out CBP @ 7590', CFP @ 7770', 7910' to commingle the JSND-NBRR-CDL. 03-15-12

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: 04/21/2012 Hours: 24 Bbl oil: 29 Mcf Gas: 276 Bbl H2O: 89

Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: 276 Bbl H2O: 89 GOR: 9517

Test Method: FLOWING Casing PSI: 695 Tubing PSI: 254 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1273 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8277 Tbg setting date: 03/15/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: 03/15/2012 Date of First Production this formation: 04/12/2012
Perforations Top: 8289 Bottom: 8323 No. Holes: 46 Hole size: 0.42

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

Frac'd the J-Sand 8289'- 8323', (46 holes) w/ 66,654 gal 18 # pHaserFrac Hybrid cross linked gel containing 251,980# 20/40 Sand. 02-23-12

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3889 Max pressure during treatment (psi): 3311

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.54

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 3889 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 251980 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: 03/15/2012 Date of First Production this formation: 04/12/2012
Perforations Top: 7635 Bottom: 7873 No. Holes: 111 Hole size: 0.42

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

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: 03/15/2012 Date of First Production this formation: 04/12/2012
Perforations Top: 7635 Bottom: 7650 No. Holes: 60 Hole size: 0.42

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

Set CFP @ 7700'. 02-27-12
Frac'd the Niobrara 7635' - 7650 (60 holes), w/ 222,180 gals slick water containing 161,820# 30/50 sand. 02-27-12

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5290 Max pressure during treatment (psi): 4113

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 0.79

Total acid used in treatment (bbl): Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 5290 Disposition method for flowback:

Total proppant used (lbs): 161820 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: Print Name: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: 7/1/2012 Email sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400301460	FORM 5A SUBMITTED
400301461	WELLBORE DIAGRAM

Total Attach: 2 Files

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