

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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Document Number:

400301460

Date Received:

07/01/2012

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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

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

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/15/2012</u>		End Date: <u>03/15/2012</u>		Date of First Production this formation: <u>04/12/2012</u>	
Perforations	Top: <u>7856</u>	Bottom: <u>7873</u>	No. Holes: <u>51</u>	Hole size: <u>0.42</u>	

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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>5046</u>	Max pressure during treatment (psi): <u>6126</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.69</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>5046</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>154000</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** 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: <input checked="" type="checkbox"/>

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-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: <input type="checkbox"/>		
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> 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

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)