

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: 400311226

Date Received:

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 05-045-19771-00 6. County: GARFIELD  
 7. Well Name: SGU Well Number: 8513B-24F25496  
 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6  
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/16/2012 End Date: 05/30/2012 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 8988 Bottom: 12917 No. Holes: 390 Hole size: 0.42

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

Stages 1-13 treated with a total of: 107,350 bbls of Slickwater, 153,142 lbs 20-40 PR600, 553,446 lbs 20-40 Sand.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 107350 Max pressure during treatment (psi): 7454  
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50  
 Type of gas used in treatment: \_\_\_\_\_ Max frac gradient (psi/ft): 0.72  
 Total acid used in treatment (bbl): 0 Number of staged intervals: 13  
 Recycled water used in treatment (bbl): 107350 Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: \_\_\_\_\_  
 Total proppant used (lbs): 706588 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: 2 + 3/8 Tubing Setting Depth: 8852 Tbg setting date: 06/25/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

The above well is shut-in. Will re-submit 5A with 1st sales and flowback information.

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  
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### **Attachment Check List**

Att Doc Num	Name
400311237	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)