

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



Table with columns DE, ET, OE, ES

Document Number: 400314068

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
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: Jane Washburn
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-24590-00
6. County: WELD
7. Well Name: ECHEVERRIA
Well Number: 2-8-2
8. Location: QtrQtr: SESW Section: 2 Township: 2N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/07/2012 End Date: 01/07/2012 Date of First Production this formation: 03/28/2007

Perforations Top: 7479 Bottom: 7495 No. Holes: 64 Hole size:

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

Frac'd 7479' - 7495' with 3272 bbls frac fluid and 251,560# sand. 01/07/12

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3272 Max pressure during treatment (psi): 3741

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 0.88

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3272 Disposition method for flowback:

Total proppant used (lbs): 251560 Rule 805 green completion techniques were utilized: [X]

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: 01/07/2012 End Date: 01/07/2012 Date of First Production this formation:
Perforations Top: 7262 Bottom: 7282 No. Holes: 40 Hole size:

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

Frac'd 7262' - 7282' with 3277 bbls frac fluid and 252,100# sand. 01/07/12

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3277 Max pressure during treatment (psi): 5523

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3277 Disposition method for flowback:

Total proppant used (lbs): 242100 Rule 805 green completion techniques were utilized: [X]

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: Jane Washburn

Title: Operations Technologist Date: Email jane.washburn@encana.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)