

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: 400321677

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, 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: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-045-20439-00
6. County: GARFIELD
7. Well Name: DW
Well Number: 8608A-33 P28496
8. Location: QtrQtr: SESE Section: 28 Township: 4S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2012 End Date: 07/22/2012 Date of First Production this formation: 07/27/2012

Perforations Top: 11509 Bottom: 11817 No. Holes: 30 Hole size: 0.42

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

Stage 1 treated with a total of: 11,793 bbls of Slickwater, 19,600 lbs 100 Sand.

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

Total fluid used in treatment (bbl): 11793
Total gas used in treatment (mcf): 0
Type of gas used in treatment:
Total acid used in treatment (bbl): 0
Recycled water used in treatment (bbl): 11793
Fresh water used in treatment (bbl): 0
Total proppant used (lbs): 19600
Max pressure during treatment (psi): 8184
Fluid density at initial fracture (lbs/gal): 8.50
Max frac gradient (psi/ft): 0.73
Number of staged intervals: 14
Flowback volume recovered (bbl): 33840
Disposition method for flowback: RECYCLE
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: 08/05/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 4244 Bbl H2O: 412
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4244 Bbl H2O: 412 GOR: 0
Test Method: Flowing Casing PSI: 1196 Tubing PSI: Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2012 End Date: 07/22/2012 Date of First Production this formation: 07/27/2012
Perforations Top: 7434 Bottom: 10903 No. Holes: 360 Hole size: 0.42

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

Stages 3-14 treated with a total of: 232,398 bbls of Slickwater, 243,256 lbs 100 Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 232398 Max pressure during treatment (psi): 8184
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): 0.73
Total acid used in treatment (bbl): 0 Number of staged intervals: 14
Recycled water used in treatment (bbl): 232398 Flowback volume recovered (bbl): 33840
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 243256 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/05/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 4244 Bbl H2O: 412
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4244 Bbl H2O: 412 GOR: 0
Test Method: Flowing Casing PSI: 1196 Tubing PSI: _____ Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____
Tubing has not been landed on this well. Encana will land tubing in 2013. A new 5A will be submitted.

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

Attachment Check List

Att Doc Num	Name
400321684	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)