

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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 05-045-19767-00
6. County: GARFIELD
7. Well Name: SGU Well Number: 8515E-24 F25 49
8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 04/02/2012 End Date: 05/01/2012 Date of First Production this formation: 06/13/2012

Perforations Top: 8885 Bottom: 12722 No. Holes: 540 Hole size: 0.42

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

Stages 1-14 treated with a total of: 386,976 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 386976 Max pressure during treatment (psi): 7163
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): 0.76
Total acid used in treatment (bbl): 0 Number of staged intervals: 14
Recycled water used in treatment (bbl): 386976 Flowback volume recovered (bbl): 13695
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 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: 06/20/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 3785 Bbl H2O: 95
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3785 Bbl H2O: 95 GOR: 0
Test Method: Flowing Casing PSI: 4130 Tubing PSI: 1180 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 12705 Tbg setting date: 06/12/2012 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:

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: 7/18/2012 Email marina.ayala@encana.com  
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### **Attachment Check List**

Att Doc Num	Name
400306776	FORM 5A SUBMITTED
400306783	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)