

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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Date Received:

06/30/2012

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 05-123-32248-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 4-6-19
8. Location: QtrQtr: SWSW 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>03/06/2012</u>		End Date: <u>03/29/2012</u>		Date of First Production this formation: <u>04/12/2012</u>	
Perforations	Top: <u>7768</u>	Bottom: <u>7785</u>	No. Holes: <u>51</u>	Hole size: <u>0.42</u>	

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

Set CFP @ 7840'. 03-12-12
 Frac'd the Codell 7768' – 7785', (51 holes) w/ 211,963 gals slick water containing 149,500# 30/50 sand. 03-15-12

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>5119</u>	Max pressure during treatment (psi): <u>4960</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.70</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>5119</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>149500</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: 7547 Bottom: 8239 No. Holes: 161 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7495'. 03-28-12
Drilled out CBP @ 7495', CFP's @ 7630', 7840' to commingle the JSND-NBRR-CDL. 03-29-12

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: _____ Min 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: 04/30/2012 Hours: 24 Bbl oil: 78 Mcf Gas: 365 Bbl H2O: 61
Calculated 24 hour rate: Bbl oil: 78 Mcf Gas: 365 Bbl H2O: 61 GOR: 4679
Test Method: FLOWING Casing PSI: 1106 Tubing PSI: 457 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1278 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7176 Tbg setting date: 03/29/2012 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: <u>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/06/2012</u>		End Date: <u>03/29/2012</u>		Date of First Production this formation: <u>04/12/2012</u>	
Perforations	Top: <u>8209</u>	Bottom: <u>8239</u>	No. Holes: <u>50</u>	Hole size: <u>0.42</u>	

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

Frac'd the J-Sand 8209'– 8239', (50 holes) w/ 65,688 gal 18 # pHaserFrac Hybrid cross linked gel containing 253,780# 20/40 Sand. 03-12-12

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>3910</u>	Max pressure during treatment (psi): <u>4360</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.57</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>3910</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>253780</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: ☐ 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: 03/06/2012 End Date: 03/29/2012 Date of First Production this formation: 04/12/2012

Perforations Top: 7547 Bottom: 7785 No. Holes: 111 Hole size: 0.42

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

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: _____ Min 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: _____ 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: 03/06/2012 End Date: 03/29/2012 Date of First Production this formation: 04/12/2012
Perforations Top: 7547 Bottom: 7562 No. Holes: 60 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

Set CFP @ 7630. 03-15-12
Frac'd the Niobrara 7547' - 7562' (60 holes), w/ 218,400 gals slick water containing
156,400# 30/50 sand. 03-15-12

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 5201 Max pressure during treatment (psi): 4571
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.77
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): 5201 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 156400 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: 6/30/2012 Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400301370	FORM 5A SUBMITTED
400301371	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)