

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

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

5. API Number 05-123-23213-00
6. County: WELD
7. Well Name: WOOLLEY Well Number: 23-8
8. Location: QtrQtr: NESW Section: 8 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/26/2012 End Date: 04/26/2012 Date of First Production this formation: 06/05/2006

Perforations Top: 7866 Bottom: 7886 No. Holes: 80 Hole size:

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

Refrac'd the Codell from 7866-7886 with 5438 bbls frac fluid and 126500 # sand

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

Total fluid used in treatment (bbl): 5438 Max pressure during treatment (psi): 3733

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.81

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 57

Fresh water used in treatment (bbl): 5438 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 126500 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: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7593 Bottom: 8281 No. Holes: 234 Hole size: _____

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: 05/01/2012 Hours: 8 Bbl oil: 20 Mcf Gas: 66 Bbl H2O: 13

Calculated 24 hour rate: Bbl oil: 60 Mcf Gas: 198 Bbl H2O: 39 GOR: 3300

Test Method: Flow Casing PSI: 793 Tubing PSI: 217 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8227 Tbg setting date: 05/03/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/27/2012 End Date: 04/27/2012 Date of First Production this formation:
Perforations Top: 7593 Bottom: 7613 No. Holes: 120 Hole size:

Provide a brief summary of the formation treatment: Open Hole:
Refrac'd 7593-7613 w/5312 bbls frac fluid and 150,100 # sand

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 5312 Max pressure during treatment (psi): 5111
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.83
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 56
Fresh water used in treatment (bbl): 531222 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 150100 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: 8/1/2012 Email jane.washburn@encana.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400303612 FORM 5A SUBMITTED, 400304698 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)