

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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Document Number:

400321677

Date Received:

08/28/2012

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: 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: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 11793 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: Min frac gradient (psi/ft): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 14

Recycled water used in treatment (bbl): 11793 Flowback volume recovered (bbl): 33840

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 19600 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.

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>07/10/2012</u>		End Date: <u>07/22/2012</u>		Date of First Production this formation: <u>07/27/2012</u>	
Perforations	Top: <u>7434</u>	Bottom: <u>10903</u>	No. Holes: <u>360</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>232398</u>			Max pressure during treatment (psi): <u>8184</u>		
Total gas used in treatment (mcf): <u>0</u>			Fluid density at initial fracture (lbs/gal): <u>8.50</u>		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): <u>0.73</u>		
Total acid used in treatment (bbl): <u>0</u>			Number of staged intervals: <u>14</u>		
Recycled water used in treatment (bbl): <u>232398</u>			Flowback volume recovered (bbl): <u>33840</u>		
Fresh water used in treatment (bbl): <u>0</u>			Disposition method for flowback: <u>RECYCLE</u>		
Total proppant used (lbs): <u>243256</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: <u>08/05/2012</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>4244</u>	Bbl H2O: <u>412</u>	
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>4244</u>	Bbl H2O: <u>412</u>	GOR: <u>0</u>	
Test Method: <u>Flowing</u>	Casing PSI: <u>1196</u>	Tubing PSI: _____	Choke Size: <u>64/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1170</u>	API Gravity Oil: <u>0</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: <u>0</u>		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: COMMINGLED Treatment Type: _____

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

Perforations Top: _____ Bottom: _____ No. Holes: _____ 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): 244191 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): 362856 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:

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: 8/28/2012 Email marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400321677	FORM 5A SUBMITTED
400321684	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Williams Fork-Rollins-Cameo panel added by dhs to show Commingle.	11/1/2012 2:33:17 PM

Total: 1 comment(s)