

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 05-045-19159-00 6. County: GARFIELD 7. Well Name: Story Gulch Unit 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

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

Treatment Date: 06/22/2012 End Date: 07/02/2012 Date of First Production this formation: 11/09/2012 Perforations Top: 9165 Bottom: 12978 No. Holes: 780 Hole size: 0.32

Provide a brief summary of the formation treatment: Open Hole: [ ] Stages 1-12 treated with a total of: 155,755 bbls of Slickwater, 2,000 lbs 100 Sand.

This formation is commingled with another formation: [ ] Yes [X] No Total fluid used in treatment (bbl): 155755 Max pressure during treatment (psi): 6497 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): 0.74 Total acid used in treatment (bbl): 0 Number of staged intervals: 12 Recycled water used in treatment (bbl): 155755 Flowback volume recovered (bbl): 8655 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 2000 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: 11/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1944 Bbl H2O: 1090 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1944 Bbl H2O: 1090 GOR: 0 Test Method: Flowing Casing PSI: 1760 Tubing PSI: Choke Size: 22/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0 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. A new 5A will be submitted when tubing is landed.

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: 12/10/2012 Email marina.ayala@encana.com  
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### Attachment Check List

Att Doc Num	Name
400356170	FORM 5A SUBMITTED
400356176	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)