

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400387199

Date Received:

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 05-123-35474-00
6. County: WELD
7. Well Name: CHAVEZ
Well Number: 4B-4H
8. Location: QtrQtr: SWSE Section: 4 Township: 1N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/15/2012 End Date: 08/19/2012 Date of First Production this formation: 12/01/2012

Perforations Top: 7337 Bottom: 11371 No. Holes: 900 Hole size: 0.38

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

Stages 1-18 treaded with a total of: 15,364 bbl. of Slickwater.

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

Total fluid used in treatment (bbl): 15364 Max pressure during treatment (psi): 8214
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): 0.50
Total acid used in treatment (bbl): Number of staged intervals: 18
Recycled water used in treatment (bbl): 15364 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3063977 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: 12/01/2012 Hours: 24 Bbl oil: 274 Mcf Gas: 401 Bbl H2O: 539
Calculated 24 hour rate: Bbl oil: 274 Mcf Gas: 401 Bbl H2O: 539 GOR: 1464
Test Method: FLOWING Casing PSI: 2034 Tubing PSI: 1395 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1155 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7183 Tbg setting date: 09/10/2012 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.

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: _____ Email: sheilla.reedhigh@Encana.com
:

Attachment Check List

Att Doc Num	Name
400387464	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)