

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: Sheilla Reed-High Phone: (720) 876-3678 Fax: (720) 876-4678

5. API Number 05-013-06667-00 6. County: BOULDER 7. Well Name: CANYON CREEK Well Number: 4-13 8. Location: QtrQtr: NWSE Section: 13 Township: 1N Range: 69W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 10/19/2012 Perforations Top: 7566 Bottom: 8407 No. Holes: 88 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: []

Set CBP @ 7445'. 08-22-12 Drilled out CBP and CFP's to commingle the JSND-NBRR. 08-23-12

This formation is commingled with another formation: [X] 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: 12/21/2012 Hours: 24 Bbl oil: 103 Mcf Gas: 372 Bbl H2O: 80 Calculated 24 hour rate: Bbl oil: 103 Mcf Gas: 372 Bbl H2O: 80 GOR: 3612 Test Method: FLOWING Casing PSI: 1721 Tubing PSI: 957 Choke Size: 12/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1207 API Gravity Oil: 52 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8356 Tbg setting date: 08/23/2012 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: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/22/2012 End Date: 08/23/2012 Date of First Production this formation: 10/19/2012
Perforations Top: 8391 Bottom: 8407 No. Holes: 48 Hole size: 0.42

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

Frac'd the J-Sand 8,391' – 8,407', (48 holes)w/ 54,171 gal 18 # pHaser Hybrid cross linked gel containing 195,816 # 20/40 Sand. 08-02-12

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3565 Max pressure during treatment (psi): 3944

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): -0.70

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

Recycled water used in treatment (bbl): 3565 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 195816 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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/22/2012 End Date: 08/02/2012 Date of First Production this formation: 10/19/2012
Perforations Top: 7566 Bottom: 7739 No. Holes: 40 Hole size: 0.42

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

Set CFP @ 8190'. 08-02-12
Frac'd the Niobrara 7,566' - 7,570'; 7,733'-7,739' (40 holes), w/ 83,510 gals 18 # pHaser Hybrid cross linked gel containing 180,543 # 20/40 sand. 08-02-12

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 2943 Max pressure during treatment (psi): 6548
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): 0.72
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): 2943 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180919 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: 1/8/2013 Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400366641	FORM 5A SUBMITTED
400366697	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Per operator change Commingled from J-NB-CD formation to J-NBRR.	3/7/2013 2:33:11 PM
Permit	ON HOLD: requesting change from J-NB-CD formation to J-NBRR. Codell faulted out.	2/7/2013 2:36:44 PM

Total: 2 comment(s)