

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:

400349585

Date Received:

11/26/2012

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

5. API Number 05-123-32539-00
6. County: WELD
7. Well Name: ANDERSON
Well Number: 4-2-32
8. Location: QtrQtr: NENE Section: 32 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | | | |
|-----------------------------------|------------------|-----------------------------|----------------------|--|--|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | | Treatment Type: <u>FRACTURE STIMULATION</u> | |
| Treatment Date: <u>06/07/2012</u> | | End Date: <u>08/07/2012</u> | | Date of First Production this formation: <u>08/16/2012</u> | |
| Perforations | Top: <u>7834</u> | Bottom: <u>7848</u> | No. Holes: <u>42</u> | Hole size: <u>0.42</u> | |

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

Set CFP @ 7900'. 07-21-12
 Frac'd the Codell 7834' – 7848', (42 holes) w/ 92,652 gal 22 # PermStim Hybrid cross linked gel containing 249,860 # 30/50 sand. 07-22-12

| | |
|--|---|
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total fluid used in treatment (bbl): <u>2856</u> | Max pressure during treatment (psi): <u>5157</u> |
| Total gas used in treatment (mcf): _____ | Fluid density at initial fracture (lbs/gal): <u>8.34</u> |
| Type of gas used in treatment: _____ | Min frac gradient (psi/ft): <u>0.74</u> |
| Total acid used in treatment (bbl): _____ | Number of staged intervals: <u>1</u> |
| Recycled water used in treatment (bbl): <u>2856</u> | Flowback volume recovered (bbl): <u>482</u> |
| Fresh water used in treatment (bbl): _____ | Disposition method for flowback: <u>RECYCLE</u> |
| Total proppant used (lbs): <u>249860</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: _____ | 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: <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: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 08/16/2012
Perforations Top: 7616 Bottom: 8250 No. Holes: 40 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7570'. 08-05-12
Drilled out CBP @ 7570', CFP @ 7700', 7900' to commingle the JSND-NBRR-CDL. 08-07-12

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: 08/18/2012 Hours: 24 Bbl oil: 53 Mcf Gas: 257 Bbl H2O: 40
Calculated 24 hour rate: Bbl oil: 53 Mcf Gas: 257 Bbl H2O: 40 GOR: 4849
Test Method: FLOWING Casing PSI: 2111 Tubing PSI: 1758 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1257 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8221 Tbg setting date: 08/07/2012 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: <u>J SAND</u> | | Status: <u>PRODUCING</u> | | Treatment Type: <u>FRACTURE STIMULATION</u> | |
| Treatment Date: <u>06/07/2012</u> | | End Date: <u>08/07/2012</u> | | Date of First Production this formation: <u>08/16/2012</u> | |
| Perforations | Top: <u>8250</u> | Bottom: <u>8270</u> | No. Holes: <u>40</u> | Hole size: <u>0.42</u> | |

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

Frac'd the J-Sand 8250'-8270', (40 holes) w/ 72,583 gal PermStim 40 cross linked gel containing 245,260 # 20/40 Sand. 06-22-12

| | |
|--|---|
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total fluid used in treatment (bbl): <u>3876</u> | Max pressure during treatment (psi): <u>6825</u> |
| Total gas used in treatment (mcf): _____ | Fluid density at initial fracture (lbs/gal): <u>8.34</u> |
| Type of gas used in treatment: _____ | Min frac gradient (psi/ft): <u>0.56</u> |
| Total acid used in treatment (bbl): _____ | Number of staged intervals: <u>1</u> |
| Recycled water used in treatment (bbl): <u>3876</u> | Flowback volume recovered (bbl): <u>482</u> |
| Fresh water used in treatment (bbl): _____ | Disposition method for flowback: <u>RECYCLE</u> |
| Total proppant used (lbs): <u>245260</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: _____ | 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: <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: NIOBRARA-CODELL | | Status: PRODUCING | | Treatment Type: _____ | |
| Treatment Date: _____ | | End Date: _____ | | Date of First Production this formation: 08/16/2012 | |
| Perforations | Top: 7616 | Bottom: 7848 | No. Holes: 90 | Hole size: 0.42 | |

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: <input type="checkbox"/> |

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/07/2012 End Date: 08/07/2012 Date of First Production this formation: 08/16/2012

Perforations Top: 7607 Bottom: 7619 No. Holes: 48 Hole size: 0.42

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

Set CFP @ 7700'. 07-22-12
Frac'd the Niobrara 7607' – 7619' (48 holes), w/ 103,152 gals 18 # PermStim Hybrid cross linked gel containing 250,000# 30/50 sand. 07-22-12

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3379 Max pressure during treatment (psi): 5756

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): 0.76

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

Recycled water used in treatment (bbl): 3379 Flowback volume recovered (bbl): 482

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

Total proppant used (lbs): 250000 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: 11/26/2012 Email: sheilla.reedhigh@Encana.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400349585 | FORM 5A SUBMITTED |
| 400350080 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--|----------------------------|
| Permit | Divided flowback volume, provided by operator, among 3 zones. This form is ready to pass. | 3/12/2013 1:41:38 PM |
| Permit | On hold. WO flowback volumes. | 3/8/2013 11:02:39 AM |

Total: 2 comment(s)