

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:

400400882

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 05-123-35691-00
6. County: WELD
7. Well Name: FLANIGAN
Well Number: 2B-6H
8. Location: QtrQtr: NWNW Section: 6 Township: 1N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/26/2012 End Date: 09/30/2012 Date of First Production this formation: 11/19/2012
Perforations Top: 7496 Bottom: 11475 No. Holes: 727 Hole size: 0.38
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): 16589 Max pressure during treatment (psi): 8238
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): 0.94
Total acid used in treatment (bbl): Number of staged intervals: 15
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 4416
Fresh water used in treatment (bbl): 16589 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2494783 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/19/2012 Hours: 24 Bbl oil: 28 Mcf Gas: 48 Bbl H2O: 476
Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 48 Bbl H2O: 476 GOR: 1714
Test Method: FLOWING Casing PSI: 1685 Tubing PSI: 743 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1408 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7230 Tbg setting date: 10/09/2012 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:

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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
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Attachment Check List

Att Doc Num	Name
400407008	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)