

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400419149

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 05-123-34127-00
6. County: WELD
7. Well Name: FILE Well Number: 41-17
8. Location: QtrQtr: NWNE Section: 17 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/11/2012
Perforations Top: 7394 Bottom: 7893 No. Holes: 138 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

Final Tubing Information:
Set RBP @ 7160'. 04-11-13. Released on 04-12-13
Released additional RPB's to commingle the JSND-NBRR-CDL. 04-13-13
Landed tubing @ 7850.48'. 04-13-13

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: 04/21/2013 Hours: 24 Bbl oil: 70 Mcf Gas: 290 Bbl H2O: 68
Calculated 24 hour rate: Bbl oil: 70 Mcf Gas: 290 Bbl H2O: 68 GOR: 4142
Test Method: FLOWING Casing PSI: 1255 Tubing PSI: 464 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1250 API Gravity Oil: 1
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7850 Tbg setting date: 04/13/2013 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 D. Reed-High
Title: Drilling and Comp. Tech Date: _____ Email: sheilla.reedhigh@Encana.com
:

Attachment Check List

Att Doc Num	Name
400424991	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)