

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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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: Cristi Cota-Smith
Phone: (720) 876-3083
Fax: (720) 876-4083

5. API Number 05-045-20644-00
6. County: GARFIELD
7. Well Name: SG
Well Number: 8508E-21 N22496
8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/28/2013 End Date: 03/13/2013 Date of First Production this formation: 05/03/2013

Perforations Top: 8043 Bottom: 11754 No. Holes: 270 Hole size: 0.42

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

Stage 1 - Stage 9 treated with a total of 190,355 bbls of Slickwater (BWS)

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

Total fluid used in treatment (bbl): 190355 Max pressure during treatment (psi): 3155
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment: Min frac gradient (psi/ft): 0.65
Total acid used in treatment (bbl): 0 Number of staged intervals: 9
Recycled water used in treatment (bbl): 190355 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 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: 05/09/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 2690 Bbl H2O: 1440
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2690 Bbl H2O: 1440 GOR: 0
Test Method: Flowing Casing PSI: 2322 Tubing PSI: Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
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: Cristi L. Cota-Smith

Title: Permitting Analyst Date: _____ Email: cristi.cota-smith@encana.com
:

Attachment Check List

Att Doc Num	Name
400434471	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)