

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400441704

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: 10442
2. Name of Operator: HUNTER RIDGE ENERGY SERVICES LLC
3. Address: 370 17TH STREET #1700
City: DENVER State: CO Zip: 80202
4. Contact Name: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-21857-00
6. County: GARFIELD
7. Well Name: SG
Well Number: WD01D-30 N30495
8. Location: QtrQtr: NESW Section: 30 Township: 4S Range: 95W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WASATCH Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/22/2013 End Date: 05/28/2013 Date of First Production this formation:

Perforations Top: 6960 Bottom: 9634 No. Holes: 600 Hole size: 0.42

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

Stage 1 - Stage 10 treated with a total of: 79,815 bbls of Slickwater (BWS)

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

Total fluid used in treatment (bbl): 79815 Max pressure during treatment (psi): 466

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): 0.52

Total acid used in treatment (bbl): 0 Number of staged intervals: 10

Recycled water used in treatment (bbl): 79815 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

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: 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: 3 + 1/2 Tubing Setting Depth: 6922 Tbg setting date: 06/17/2013 Packer Depth: 6924

Reason for Non-Production: This well is waiting on Injection Permit approval before first injection can take place.

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:

Mechanical Integrity Test-scheduled for 7/10/2013 see Doc 400440542.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Judith Walter

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: judith.walter@encana.com  
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### Attachment Check List

Att Doc Num	Name
400441709	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)