

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

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

5. API Number 05-123-35880-00
6. County: WELD
7. Well Name: lone Well Number: 1C-8H
8. Location: QtrQtr: NENE Section: 8 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/19/2013 End Date: 02/23/2013 Date of First Production this formation: 04/27/2013
Perforations Top: 7694 Bottom: 11815 No. Holes: 950 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): 77001 Max pressure during treatment (psi): 8264
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 0.84
Type of gas used in treatment: Min frac gradient (psi/ft): 0.88
Total acid used in treatment (bbl): Number of staged intervals: 19
Recycled water used in treatment (bbl): 77001 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3343670 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/09/2013 Hours: 24 Bbl oil: 29 Mcf Gas: 1161 Bbl H2O: 35
Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: 1161 Bbl H2O: 35 GOR: 40035
Test Method: FLOWING Casing PSI: 1639 Tubing PSI: 1236 Choke Size: 16
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1273 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7554 Tbg setting date: 03/21/2013 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:

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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

400465145

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)