

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:

400447139

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: Jane Washburn  
Phone: (720) 876-5431  
Fax: (720) 876-6431

5. API Number 05-123-19883-00  
6. County: WELD  
7. Well Name: KIYOTA  
Well Number: 43-35  
8. Location: QtrQtr: NESE Section: 35 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/30/2013 End Date: 05/30/2013 Date of First Production this formation: 07/25/2000

Perforations Top: 7604 Bottom: 7628 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

Set CIBP @ 7690'. Refrac'd the Codell w/250,560 # sand and 82,060 gal (1954 gal) frac fluid. Drilled out CIBP.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 1954 Max pressure during treatment (psi): 4392

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): 0.85

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 612

Fresh water used in treatment (bbl): 1954 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250560 Rule 805 green completion techniques were utilized: ☒

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: 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.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7344 Bottom: 8144 No. Holes: 184 Hole size: \_\_\_\_\_

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): \_\_\_\_\_ 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: 06/30/2013 Hours: 2 Bbl oil: 11 Mcf Gas: 70 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 132 Mcf Gas: 840 Bbl H2O: 96 GOR: 6363

Test Method: FLOW Casing PSI: 644 Tubing PSI: 549 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1272 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8124 Tbg setting date: 06/01/2013 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.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/30/2013 End Date: 05/29/2013 Date of First Production this formation: 02/03/1999

Perforations Top: 7344 Bottom: 7370 No. Holes: 52 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

CFP set @ 7425. Frac'd Niobrara w/250,300 # sand and 90,712 gal (2160 bbls) frac fluid. Drill out plugs.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2160 Max pressure during treatment (psi): 4841

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): 0.92

Total acid used in treatment (bbl):  Number of staged intervals: 1

Recycled water used in treatment (bbl):  Flowback volume recovered (bbl): 611

Fresh water used in treatment (bbl): 2160 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250300 Rule 805 green completion techniques were utilized: ☒

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:  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: Jane Washburn

Title: Operations Technologist Date:  Email: jane.washburn@encana.com

**Attachment Check List**

Att Doc Num	Name
400447242	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)