

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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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: Marina Ayala Phone: (720) 876-5905 Fax: (720) 876-5905

5. API Number 05-045-21040-00 6. County: GARFIELD 7. Well Name: SG 8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/25/2013 End Date: 02/04/2013 Date of First Production this formation: 03/04/2013

Perforations Top: 11329 Bottom: 11939 No. Holes: 30 Hole size: 42/100

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

Stages 1-2 treated with a total of: 156,155 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 156155 Max pressure during treatment (psi): 6514 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): 0.79 Total acid used in treatment (bbl): 0 Number of staged intervals: 11 Recycled water used in treatment (bbl): 156155 Flowback volume recovered (bbl): 25367 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: 03/13/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 4048 Bbl H2O: 2160 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4048 Bbl H2O: 2160 GOR: 0 Test Method: Flowing Casing PSI: 1967 Tubing PSI: Choke Size: 24/64 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.

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

Treatment Date: 01/25/2013 End Date: 02/04/2013 Date of First Production this formation: 03/04/2013
Perforations Top: 7248 Bottom: 10961 No. Holes: 270 Hole size: 42/100

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

Stages 3-11 treated with a total of: 156,155 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 156155 Max pressure during treatment (psi): 6514
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): 0.79
Total acid used in treatment (bbl): 0 Number of staged intervals: 11
Recycled water used in treatment (bbl): 156155 Flowback volume recovered (bbl): 25367
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/13/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 4048 Bbl H2O: 2160
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4048 Bbl H2O: 2160 GOR: 0
Test Method: Flowing Casing PSI: 1967 Tubing PSI: _____ Choke Size: 24/64
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: _____
Tubing has not been landed on this well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Marina Ayala
Title: Permitting Technician Date: 4/8/2013 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400401459	FORM 5A SUBMITTED
400401461	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)