

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:

08/01/2013

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 05-123-22702-00
6. County: WELD
7. Well Name: EAST RINN
Well Number: 23-15
8. Location: QtrQtr: NESW Section: 15 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/10/2013 End Date: 06/10/2013 Date of First Production this formation:

Perforations Top: 7478 Bottom: 7500 No. Holes: 88 Hole size:

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

Set CIBP @ 7570'. Frac Codell with 250,020 # sand and 80,874 (1926 bbls) frac fluid.

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

Total fluid used in treatment (bbl): 1926 Max pressure during treatment (psi): 4214

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): 0.90

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 496

Fresh water used in treatment (bbl): 1926 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250020 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: 7200 Bottom: 7940 No. Holes: 252 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: 07/16/2013 Hours: 1 Bbl oil: 2 Mcf Gas: 52 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 48 Mcf Gas: 1248 Bbl H2O: 24 GOR: 26000

Test Method: FLOW Casing PSI: 625 Tubing PSI: 464 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1250 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7026 Tbg setting date: 06/12/2013 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/10/2013 End Date: 06/10/2013 Date of First Production this formation: _____

Perforations Top: 7200 Bottom: 7280 No. Holes: 120 Hole size: _____

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

Set CFP @ 7330'. Frac'd the Niobrara with 250,840 # sand and 88,400 gals (2105 bbls) frac fluid.

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

Total fluid used in treatment (bbl): 2105 Max pressure during treatment (psi): 4700

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): 0.93

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 495

Fresh water used in treatment (bbl): 2105 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250840 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: 8/1/2013 Email: jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400462107	FORM 5A SUBMITTED
400462473	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Operator Perf'd and Frac'd NB & CD. Changed status from producing to commingled.	10/17/2013 4:11:23 PM

Total: 1 comment(s)