

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
----	----	----	----

Document Number:

400510503

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: Cristi Cota-Smith
Phone: (720) 876-3083
Fax: (720) 876-4083

5. API Number 05-123-36820-00
6. County: WELD
7. Well Name: McPeek
Well Number: 2-8-10
8. Location: QtrQtr: SESW Section: 10 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/04/2013 End Date: 09/04/2013 Date of First Production this formation: 10/11/2013

Perforations Top: 7627 Bottom: 7641 No. Holes: 69 Hole size: 0.42

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

Set CFP @ 7706', perforate Codell
Frac Codell with 150,993# 30/50 and 166,026 gals SLF

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

Total fluid used in treatment (bbl): 4734 Max pressure during treatment (psi): 4538

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.68

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 975

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

Total proppant used (lbs): 150993 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: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: _____		End Date: _____		Date of First Production this formation: <u>10/11/2013</u>	
Perforations	Top: <u>7391</u>	Bottom: <u>8111</u>	No. Holes: <u>208</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Drilled up CFPs to commingle the JSND-CODL-NBRR. 9/22/2013					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: <u>10/19/2013</u>	Hours: <u>24</u>	Bbl oil: <u>30</u>	Mcf Gas: <u>227</u>	Bbl H2O: <u>20</u>	
Calculated 24 hour rate:	Bbl oil: <u>30</u>	Mcf Gas: <u>227</u>	Bbl H2O: <u>20</u>	GOR: <u>7567</u>	
Test Method: <u>Flowing</u>	Casing PSI: <u>1107</u>	Tubing PSI: <u>382</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1303</u>	API Gravity Oil: <u>49</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8060</u>	Tbg setting date: <u>09/23/2013</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: J SAND		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 09/03/2013		End Date: 09/04/2013		Date of First Production this formation: 10/11/2013	
Perforations	Top: 8086	Bottom: 8111	No. Holes: 75	Hole size: 0.42	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Pioneer Wireline perforated J Sand - 8086-8111 w/ 3 jsp - 75 holes Frac J Sand with 151,637# 30/50 and 155,442 gals SLF					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): 4318		Max pressure during treatment (psi): 4120			
Total gas used in treatment (mcf):		Fluid density at initial fracture (lbs/gal): 8.30			
Type of gas used in treatment:		Min frac gradient (psi/ft): 0.67			
Total acid used in treatment (bbl):		Number of staged intervals: 1			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 975			
Fresh water used in treatment (bbl):		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 151637		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/04/2013 End Date: 09/04/2013 Date of First Production this formation: 10/11/2013

Perforations Top: 7391 Bottom: 7641 No. Holes: 133 Hole size: 0.42

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: _____ 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: NIOBARRA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/04/2013 End Date: 09/04/2013 Date of First Production this formation: 10/11/2013
Perforations Top: 7391 Bottom: 7412 No. Holes: 64 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CFP @ 7460', perforate Niobrara
Frac Niobrara with 150,370# 30/50 and 153,594 gals SLF

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

Total fluid used in treatment (bbl): 4416 Max pressure during treatment (psi): 4312
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30
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): 975
Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 150370 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: Cristi L. Cota-Smith
Title: Permitting Analyst Date: _____ Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Name
400510594	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)