



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>7816</u>	Bottom: <u>8522</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. 9.21.2013					
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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: <u>10/17/2013</u>	Hours: <u>24</u>	Bbl oil: <u>27</u>	Mcf Gas: <u>310</u>	Bbl H2O: <u>46</u>	
Calculated 24 hour rate:	Bbl oil: <u>27</u>	Mcf Gas: <u>310</u>	Bbl H2O: <u>46</u>	GOR: <u>11481</u>	
Test Method: <u>Flowing</u>	Casing PSI: <u>1396</u>	Tubing PSI: <u>502</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>8477</u>	Tbg setting date: <u>09/21/2013</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: <u>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/03/2013</u>		End Date: <u>09/05/2013</u>		Date of First Production this formation: <u>10/11/2013</u>	
Perforations	Top: <u>8497</u>	Bottom: <u>8522</u>	No. Holes: <u>75</u>	Hole size: <u>0.42</u>	

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

Pioneer Wireline perforated J Sand 8497-8522 w/ 3 jspf - 75 shots - 9.3.2013  
 Frac J Sand with 150,120# 30/50 and 148,008 gals SLF - 9.5.2013

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

Total fluid used in treatment (bbl): <u>4463</u>	Max pressure during treatment (psi): <u>4438</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.66</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>1018</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>150120</u>	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**

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

Treatment Date: 09/05/2013 End Date: 09/05/2013 Date of First Production this formation: 10/11/2013

Perforations Top: 7816 Bottom: 8045 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](http://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: NIORBARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 09/05/2013 End Date: 09/05/2013 Date of First Production this formation: 10/11/2013  
Perforations Top: 7816 Bottom: 7835 No. Holes: 64 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Set CFP @7916', perforate Niobrara  
Frac Niobrara with 152,700# 30/50 and 153,090 gals SLF

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

Total fluid used in treatment (bbl): 4390 Max pressure during treatment (psi): 4868  
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): 0.83  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 1  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 1018  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 152700 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
400510833	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

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