

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



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) 876-6905

5. API Number 05-045-21045-00 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: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2013 End Date: 02/28/2013 Date of First Production this formation: 04/11/2013 Perforations Top: 7410 Bottom: 11075 No. Holes: 270 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: [] Stages 1-9 treated with a total of: 252,732 bbls of Slickwater, 121,819 lbs of 100 Mesh Sand.

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 252732 Max pressure during treatment (psi): 6743 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): 0.67 Total acid used in treatment (bbl): 0 Number of staged intervals: 9 Recycled water used in treatment (bbl): 252732 Flowback volume recovered (bbl): 34340 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 121819 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: 04/24/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 4631 Bbl H2O: 2450 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4631 Bbl H2O: 2450 GOR: 0 Test Method: Flowing Casing PSI: 1860 Tubing PSI: Choke Size: 34/64 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: 5/2/2013 Email marina.ayala@encana.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400413071	FORM 5A SUBMITTED
400413079	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	11/14/2013 11:22:49 AM

Total: 1 comment(s)