

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

Document Number: 400411333

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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 05-045-21032-00
6. County: GARFIELD
7. Well Name: SG Well Number: 8509B-21 N22496
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: 02/14/2013 End Date: 02/27/2013 Date of First Production this formation:
Perforations Top: 8012 Bottom: 11635 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: 252,818 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 252818 Max pressure during treatment (psi): 6784
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): 0.63
Total acid used in treatment (bbl): 0 Number of staged intervals: 9
Recycled water used in treatment (bbl): 252818 Flowback volume recovered (bbl): 29500
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 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: 04/22/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 4343 Bbl H2O: 2880
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4343 Bbl H2O: 2880 GOR: 0
Test Method: Flowing Casing PSI: 1838 Tubing PSI: Choke Size: 30/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 11710 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.

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: 4/30/2013 Email marina.ayala@encana.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400411333	FORM 5A SUBMITTED
400411338	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting. 12/6/13.	12/6/2013 1:29:27 PM

Total: 1 comment(s)