

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



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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 4. Contact Name: JENNIFER LIND
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5890
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6890
 City: DENVER State: CO Zip: 80202- Email: JENNIFER.LIND@ENCANA.COM

5. API Number 05-123-37437-00 6. County: WELD
 7. Well Name: Marcus State Well Number: 3E-36H (M266)
 8. Location: QtrQtr: SWSW Section: 36 Township: 2N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/07/2013 End Date: 11/12/2013 Date of First Production this formation: 12/08/2013

Perforations Top: 8102 Bottom: 12034 No. Holes: 957 Hole size: 0.38

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

FRAC WITH 0 BBLs ACID, 99791 BBLs SLICKWATER, 99791 BBLs TOTAL FLUID

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 99791 Max pressure during treatment (psi): 8887
 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): 0.87
 Total acid used in treatment (bbl): 0 Number of staged intervals: 32
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 2964
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 2329115 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/15/2013 Hours: 24 Bbl oil: 412 Mcf Gas: 692 Bbl H2O: 384
 Calculated 24 hour rate: Bbl oil: 412 Mcf Gas: 692 Bbl H2O: 384 GOR: _____
 Test Method: Flows from well Casing PSI: 2451 Tubing PSI: 2161 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 47
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7575 Tbg setting date: 11/29/2013 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.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JENNIFER LIND
Title: REGULATORY ANALYST Date: _____ Email: JENNIFER.LIND@ENCANA.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400536473	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)