

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: Kelly Hamden  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6185  
 City: DENVER State: CO Zip: 80202- Email: Kelly.Hamden@encana.com

5. API Number 05-045-22020-00 6. County: GARFIELD  
 7. Well Name: Hagen Well Number: 22-3D (PC22)  
 8. Location: QtrQtr: NENW Section: 22 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 01/07/2014  
 Perforations Top: 5742 Bottom: 7539 No. Holes: 162 Hole size: 0.38

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

Stage 1 - Stage 6 treated with a total of: 89,714 bbls of Slickwater (BWS).

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 89714 Max pressure during treatment (psi): 1160  
 Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.40  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.62  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 6  
 Recycled water used in treatment (bbl): 89714 Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: RECYCLE  
 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: 01/14/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1305 Bbl H2O: 497  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1305 Bbl H2O: 497 GOR: 0  
 Test Method: Flows from well Casing PSI: 1500 Tubing PSI: 1050 Choke Size: 26/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6854 Tbg setting date: 01/06/2014 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: Kelly Hamden

Title: Permitting Analyst Date: \_\_\_\_\_ Email: Kelly.Hamden@encana.com  
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### Attachment Check List

**Att Doc Num**      **Name**

400550760	WELLBORE DIAGRAM
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)