

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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <p style="text-align: center;">400573715</p> 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: <u>100185</u>	4. Contact Name: <u>Erin Lind</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5827</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	Email: <u>erin.lind@encana.com</u>

5. API Number <u>05-123-37106-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Billings</u>	Well Number: <u>1A-34H</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>34</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>01/24/2014</u>	End Date: <u>01/29/2014</u>	Date of First Production this formation: <u>02/22/2014</u>
Perforations Top: <u>7976</u>	Bottom: <u>12018</u>	No. Holes: <u>810</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>

Stage 2 - Stage 28 treated with a total of: 89,228 bbls of Borate Crosslink Gel (Chem Rock), 2,870 bbls of Pump Down No Chemicals, 5,993,656 lbs of 30/50 Proppant

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>92098</u>	Max pressure during treatment (psi): <u>7717</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>0.85</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>27</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>2349</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>5993656</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: <u>03/01/2014</u>	Hours: <u>24</u>	Bbl oil: <u>315</u>	Mcf Gas: <u>766</u>	Bbl H2O: <u>1897</u>
Calculated 24 hour rate:	Bbl oil: <u>315</u>	Mcf Gas: <u>766</u>	Bbl H2O: <u>1897</u>	GOR: <u>2432</u>
Test Method: <u>Flows from well</u>	Casing PSI: <u>2100</u>	Tubing PSI: <u>1756</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1298</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7843</u>	Tbg setting date: <u>01/31/2014</u>	Packer Depth: _____	
Reason for Non-Production: _____				
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.		

Comment:

The toe valve was not fraced, frac work started at stg 2 (the first set of 3 perforation clusters).
The deepest perforation cluster is 75 ft above calculated BOC (bottom of cement) and 200 ft above SB with 75' cement for isolation.
This is not a SB violation since mechanical isolation is present.

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

Signed: _____ Print Name: ERIN LIND

Title: PERMITTING ANALYST Date: _____ Email ERIN.LIND@ENCANA.COM
:

Attachment Check List

Att Doc Num **Name**

400573879	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

General Comments

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

--	--	--

Total: 0 comment(s)