

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400656319

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  
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: Jevin Croteau  
Phone: (720) 876-5339  
Fax: (720) 876-6339  
Email: jevin.croteau@encana.com

5. API Number 05-123-33886-00  
6. County: WELD  
7. Well Name: North Rinn  
Well Number: 2-4-9  
8. Location: QtrQtr: SWSW Section: 9 Township: 2N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/02/2013 End Date: 09/02/2013 Date of First Production this formation: 06/28/2014

Perforations Top: 7584 Bottom: 7603 No. Holes: 57 Hole size: 0.42

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

Stage 2 treated with 4423 bbls of slickwater and 153450 lbs of 30/50 proppant.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4423 Max pressure during treatment (psi): 6500

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): 0.86

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 153450 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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.

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 06/28/2014

Perforations Top: 7371 Bottom: 8040 No. Holes: 208 Hole size: \_\_\_\_\_

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

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 700

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: DISPOSAL

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: 07/05/2014 Hours: 24 Bbl oil: 79 Mcf Gas: 417 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 79 Mcf Gas: 417 Bbl H2O: 26 GOR: 5278

Test Method: Flows from well Casing PSI: 1935 Tubing PSI: 1430 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7992 Tbg setting date: 09/11/2013 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.

FORMATION: <u>J SAND</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/02/2013</u>		End Date: <u>09/02/2013</u>		Date of First Production this formation: <u>06/28/2014</u>	
Perforations	Top: <u>8010</u>	Bottom: <u>8040</u>	No. Holes: <u>75</u>	Hole size: <u>0.42</u>	

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

Stage 1 treated with 4467 bbls of slickwater and 149260 lbs of 30/50 proppant.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>4467</u>	Max pressure during treatment (psi): <u>6500</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>0.75</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): <u>149260</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: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/02/2013 End Date: 09/02/2013 Date of First Production this formation: 06/28/2014

Perforations Top: 7371 Bottom: 7390 No. Holes: 76 Hole size: 0.42

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

Stage 3 treated with 4606 bbls of slickwater and 153530 lbs of 30/50 proppant.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4606 Max pressure during treatment (psi): 6500

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): 0.86

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 153530 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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:

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

Signed: Print Name: Jevin Croteau

Title: Senior Regulatory Analyst Date: Email: jevin.croteau@encana.com

### Attachment Check List

Att Doc Num	Name
400656321	WELLBORE DIAGRAM
Total Attach: 1 Files	

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)