

FORM 5A

Rev 06/12

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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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 05-045-21859-00 6. County: GARFIELD
 7. Well Name: SG Well Number: 8506A-34 E34496
 8. Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 04/18/2014 End Date: 05/04/2014 Date of First Production this formation: 07/10/2014

Perforations Top: 7884 Bottom: 11270 No. Holes: 414 Hole size: 0.42

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

Stage 1 - Stage 23 treated with a total of: 205,206 bbls of Slickwater (BWS).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 205206 Max pressure during treatment (psi): 4227

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): 0.58

Total acid used in treatment (bbl): _____ Number of staged intervals: 24

Recycled water used in treatment (bbl): 205206 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: 07/17/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 4494 Bbl H2O: 3370

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4494 Bbl H2O: 3370 GOR: 0

Test Method: Flows from well Casing PSI: 1093 Tubing PSI: _____ Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 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:

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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: Regulatory Analyst Date: _____ Email: Kelly.Hamden@encana.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400660153	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)