

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:

400727197

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: Bonnie Lamond
Phone: (720) 876-5156
Fax:
Email: bonnie.lamond@encana.com

5. API Number 05-123-37793-00
6. County: WELD
7. Well Name: Boyd
Well Number: 3B-19H-M368
8. Location: QtrQtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/30/2014 End Date: 09/08/2014 Date of First Production this formation: 10/15/2014
Perforations Top: 7456 Bottom: 11529 No. Holes: 730 Hole size: 0.38
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): 52647 Max pressure during treatment (psi): 7965
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.64
Total acid used in treatment (bbl): 0 Number of staged intervals: 28
Recycled water used in treatment (bbl): 19640 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 24083 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 8924 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/22/2014 Hours: 24 Bbl oil: 62 Mcf Gas: 44 Bbl H2O: 136
Calculated 24 hour rate: Bbl oil: 62 Mcf Gas: 44 Bbl H2O: 136 GOR: 709
Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1319 Choke Size: 14
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7218 Tbg setting date: 09/30/2014 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:

--

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

Signed: _____

Print Name: Bonnie Lamond _____

Title: Regulatory Analyst _____

Date: _____

Email : bonnie.lamond@encana.com _____

Attachment Check List

Att Doc Num

Name

400727249

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)