

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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400727365

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: Bonnie Lamond
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5156
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202- Email: bonnie.lamond@encana.com

5. API Number 05-123-37792-00 6. County: WELD
 7. Well Name: Boyd Well Number: 3E-19H-M368
 8. Location: QtrQtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 09/02/2014 End Date: 09/06/2014 Date of First Production this formation: 10/15/2014
 Perforations Top: 7093 Bottom: 11158 No. Holes: 703 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): 81931 Max pressure during treatment (psi): 8709
 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): 0.43
 Total acid used in treatment (bbl): 27000 Number of staged intervals: 27
 Recycled water used in treatment (bbl): 24457 Flowback volume recovered (bbl): 2700
 Fresh water used in treatment (bbl): 22180 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 8294 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: 134 Mcf Gas: 55 Bbl H2O: 296
 Calculated 24 hour rate: Bbl oil: 134 Mcf Gas: 55 Bbl H2O: 296 GOR: 410
 Test Method: Flowing Casing PSI: 1703 Tubing PSI: 1135 Choke Size: 14
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7200 Tbg setting date: 10/01/2014 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: Bonnie Lamond
Title: Regulatory Analyst Date: _____ Email: bonnie.lamond@encana.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400727367	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)