

FORM
5ARev
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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Document Number:

400765370

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: Erin Lind
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202- Email: erin.lind@encana.com

5. API Number 05-123-39216-00 6. County: WELD
 7. Well Name: Mumby State Well Number: 4E-36H P266
 8. Location: QtrQtr: SESE Section: 36 Township: 2N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 09/16/2014 End Date: 09/22/2014 Date of First Production this formation: 12/12/2014Perforations Top: 7948 Bottom: 11982 No. Holes: 703 Hole size: 0.44Provide a brief summary of the formation treatment: Open Hole: ☐

Stage 1 - Stage 27 treated with 61,979 bbls of total fluids, 348 bbls of additives, and 5,180,276 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 61979Max pressure during treatment (psi): 8602Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.83Total acid used in treatment (bbl): 0Number of staged intervals: 27Recycled water used in treatment (bbl): 27707Flowback volume recovered (bbl): 750Fresh water used in treatment (bbl): 33924Disposition method for flowback: DISPOSALTotal proppant used (lbs): 5180276Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/19/2014 Hours: 24 Bbl oil: 411 Mcf Gas: 565 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 411 Mcf Gas: 565 Bbl H2O: 0 GOR: 1375Test Method: Flows from well Casing PSI: 2082 Tubing PSI: 1913 Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50Tubing Size: 2 + 3/8 Tubing Setting Depth: 7606 Tbg setting date: 11/17/2014 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: Erin Lind

Title: Regulatory Analyst Date: _____ Email: erin.lind@encana.com
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Attachment Check List

Att Doc Num Name

400765383	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)