

COMPLETED INTERVAL REPORT

Document Number:
400765446

Date Received:

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: <u>100185</u>	4. Contact Name: <u>Erin Lind</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5827</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	Email: <u>erin.lind@encana.com</u>

5. API Number <u>05-123-39215-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Mumby State</u>	Well Number: <u>4H-36H P266</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>36</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>09/22/2014</u>	End Date: <u>09/28/2014</u>	Date of First Production this formation: <u>12/12/2014</u>
Perforations Top: <u>7732</u>	Bottom: <u>11696</u>	No. Holes: <u>703</u> Hole size: _____

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

Stage 1 - Stage 27 treated with 73,436 bbls of total fluid, 521 bbls of HCL, 390 bbls of additives and 4,557,587 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>73436</u>	Max pressure during treatment (psi): <u>8813</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.85</u>
Total acid used in treatment (bbl): <u>521</u>	Number of staged intervals: <u>25</u>
Recycled water used in treatment (bbl): <u>16622</u>	Flowback volume recovered (bbl): <u>1075</u>
Fresh water used in treatment (bbl): <u>56424</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>4557587</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: <u>12/19/2014</u>	Hours: <u>24</u>	Bbl oil: <u>373</u>	Mcf Gas: <u>687</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>373</u>	Mcf Gas: <u>687</u>	Bbl H2O: <u>0</u>	GOR: <u>1842</u>
Test Method: <u>Flows from well</u>	Casing PSI: <u>2080</u>	Tubing PSI: <u>1783</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1298</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7384</u>	Tbg setting date: <u>11/20/2014</u>	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

<u>Att Doc Num</u>	<u>Name</u>
400767493	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)