

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400788429

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 05-123-37589-00 6. County: WELD 7. Well Name: Drieth Well Number: 1E-6H-A368 8. Location: QtrQtr: NENE Section: 6 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: 01/01/2015 End Date: 01/08/2015 Date of First Production this formation: 01/30/2015 Perforations Top: 7660 Bottom: 11426 No. Holes: 942 Hole size: 0.44 Provide a brief summary of the formation treatment: Open Hole: [X] This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 87800 Max pressure during treatment (psi): 8143 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30 Type of gas used in treatment: Min frac gradient (psi/ft): 0.86 Total acid used in treatment (bbl): 895 Number of staged intervals: 38 Recycled water used in treatment (bbl): 6029 Flowback volume recovered (bbl): 4500 Fresh water used in treatment (bbl): 80876 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 4900758 Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/06/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 77 Bbl H2O: 474 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 77 Bbl H2O: 474 GOR: Test Method: FLOW Casing PSI: 2135 Tubing PSI: 1148 Choke Size: Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7213 Tbg setting date: 01/18/2015 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>
400788502	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)