

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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Document Number:

400806693

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 05-123-39738-00
6. County: WELD
7. Well Name: Dale
Well Number: 4A-20H-O264
8. Location: QtrQtr: SWSE Section: 20 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/18/2015 End Date: 01/18/2015 Date of First Production this formation: 03/08/2015
Perforations Top: 7599 Bottom: 7694 No. Holes: 27 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): 2876 Max pressure during treatment (psi): 7415
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): 1.16
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 197180 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: FORT HAYS		Status: COMMINGLED		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 01/17/2015		End Date: 01/18/2015		Date of First Production this formation: 03/08/2015	
Perforations	Top: 7449	Bottom: 8281	No. Holes: 135	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Stage 24-27: Top = 7743, Bottom = 8281 Stage 29: Top = 7449, Bottom = 7554					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): 13713			Max pressure during treatment (psi): 7381		
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): 1.04		
Total acid used in treatment (bbl):			Number of staged intervals: 5		
Recycled water used in treatment (bbl):			Flowback volume recovered (bbl):		
Fresh water used in treatment (bbl):			Disposition method for flowback: DISPOSAL		
Total proppant used (lbs): 921241			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					
<u>Test Information:</u>					
Date:	Hours:	Bbl oil:	Mcf Gas:	Bbl H2O:	
Calculated 24 hour rate:	Bbl oil:	Mcf Gas:	Bbl H2O:	GOR:	
Test Method:	Casing PSI:	Tubing PSI:	Choke Size:		
Gas Disposition:	Gas Type:	Btu Gas:	API Gravity Oil:		
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:		
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
** Bridge Plug Depth:		** Sacks cement on top:		** Wireline and Cement Job Summary must be attached.	

FORMATION: NIOBRARA-FT HAYS-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 74949	Bottom: 11677	No. Holes: 759	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Numbers listed are total for all formations.					
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Total fluid used in treatment (bbl): 97227		Max pressure during treatment (psi): 8066			
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): 0.43			
Total acid used in treatment (bbl): _____		Number of staged intervals: 29			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): 780			
Fresh water used in treatment (bbl): 97227		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 5500198		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					
<u>Test Information:</u>					
Date: 03/15/2015	Hours: 24	Bbl oil: 349	Mcf Gas: 309	Bbl H2O: 274	
Calculated 24 hour rate:	Bbl oil: 349	Mcf Gas: 309	Bbl H2O: 274	GOR: 885	
Test Method: FLOWING	Casing PSI: 1836	Tubing PSI: 1436	Choke Size: _____		
Gas Disposition: SOLD	Gas Type: DRY	Btu Gas: 1298	API Gravity Oil: 50		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7298	Tbg setting date: 02/12/2015	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/31/2014 End Date: 01/17/2015 Date of First Production this formation: 03/08/2015

Perforations Top: 8337 Bottom: 11667 No. Holes: 597 Hole size: 0.38

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

Stages 1-23 treated NBRR.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 66299 Max pressure during treatment (psi): 8066

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): 0.43

Total acid used in treatment (bbl): Number of staged intervals: 24

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4381777 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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
400815398	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)