

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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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 05-123-39738-00 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:

Stage 24-27: Top = 7743, Bottom = 8281
Stage 29: Top = 7449, Bottom = 7554

This formation is commingled with another formation: Yes 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:

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: 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:

Numbers listed are total for all formations.

This formation is commingled with another formation: Yes 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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: _____

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: 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

Table with 2 columns: Att Doc Num, Name. Row 1: 400815398, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)