

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



DE ET OE ES

Document Number:

400806694

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 05-123-39724-00
6. County: WELD
7. Well Name: Dale
Well Number: 4B-20H-0264
8. Location: QtrQtr: SWSE Section: 20 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 03/08/2015
Perforations Top: 7485 Bottom: 11554 No. Holes: 756 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): 56496 Max pressure during treatment (psi): 8183
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): 0.90
Total acid used in treatment (bbl): Number of staged intervals: 29
Recycled water used in treatment (bbl): 860 Flowback volume recovered (bbl): 860
Fresh water used in treatment (bbl): 55636 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2664940 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: 429 Mcf Gas: 450 Bbl H2O: 336
Calculated 24 hour rate: Bbl oil: 429 Mcf Gas: 450 Bbl H2O: 336 GOR: 1048
Test Method: FLOWING Casing PSI: 1787 Tubing PSI: 1437 Choke Size:
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7272 Tbg setting date: 02/11/2015 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: CODELL		Status: COMMINGLED		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 01/08/2015		End Date: 01/14/2015		Date of First Production this formation: 03/08/2015	
Perforations	Top: 7485	Bottom: 11554	No. Holes: 621	Hole size: 0.38	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Stages 1-7: Top=10724 Bottom=11554 Stage 12-16: Top=9396 Bottom=10084 Stage 18-28: Top=7485 Bottom=9202					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): 40558			Max pressure during treatment (psi): 8154		
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): 0.90		
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): 2219000			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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/11/2015 End Date: 01/13/2015 Date of First Production this formation: 03/08/2015
Perforations Top: 9249 Bottom: 10670 No. Holes: 135 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☒

Stages 8-11: Top=10131 Bottom=10670
Stage 17: Top=9249 Bottom=9349

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

Total fluid used in treatment (bbl): 10678 Max pressure during treatment (psi): 8183
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): 0.99
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): 445940 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

400815560 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)