

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:

400806709

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 05-123-39730-00
6. County: WELD
7. Well Name: Dale
Well Number: 4D-20H-O264
8. Location: QtrQtr: SWSE Section: 20 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/27/2014 End Date: 01/03/2015 Date of First Production this formation: 03/08/2015

Perforations Top: 7357 Bottom: 11407 No. Holes: 1107 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): 83938

Max pressure during treatment (psi): 8073

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): 2.35

Total acid used in treatment (bbl):

Number of staged intervals: 28

Recycled water used in treatment (bbl): 650

Flowback volume recovered (bbl): 650

Fresh water used in treatment (bbl): 83288

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5188250

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: 258 Mcf Gas: 227 Bbl H2O: 202

Calculated 24 hour rate: Bbl oil: 258 Mcf Gas: 227 Bbl H2O: 202 GOR: 880

Test Method: FLOW Casing PSI: 1722 Tubing PSI: 1277 Choke Size:

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7056 Tbg setting date: 02/10/2015 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

Attachment Check List

Att Doc Num

Name

400815734

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)