

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 05-123-39723-00 6. County: WELD  
 7. Well Name: Dale Well Number: 4E-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-FORT HAYS Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7537 Bottom: 11634 No. Holes: 747 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): 55438 Max pressure during treatment (psi): 8263  
 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): 0.92  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 28  
 Recycled water used in treatment (bbl): 1320 Flowback volume recovered (bbl): 1320  
 Fresh water used in treatment (bbl): 54118 Disposition method for flowback: RECYCLE  
 Total proppant used (lbs): 2591837 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: 238 Mcf Gas: 247 Bbl H2O: 187  
 Calculated 24 hour rate: Bbl oil: 238 Mcf Gas: 247 Bbl H2O: 187 GOR: 1038  
 Test Method: FLOWING Casing PSI: 1608 Tubing PSI: 1225 Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7173 Tbg setting date: 02/09/2015 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: 12/20/2014 End Date: 12/26/2014 Date of First Production this formation: 03/08/2015

Perforations Top: 7981 Bottom: 11634 No. Holes: 531 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Stages 1-13: Top=9903 Bottom=11634  
 Stage 18-24: Top=7981 Bottom=9117

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 34293 Max pressure during treatment (psi): 7906

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): 0.92

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 20

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): 1832499 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: 12/23/2014 End Date: 12/27/2014 Date of First Production this formation: 03/08/2015

Perforations Top: 7537 Bottom: 9856 No. Holes: 216 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): 16477 Max pressure during treatment (psi): 8263

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): 0.95

Total acid used in treatment (bbl): Number of staged intervals: 8

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): 759338 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: 400815826, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)