

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:

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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  
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 05-123-39723-00  
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: <input checked="" type="checkbox"/>		
Stages 1-13: Top=9903 Bottom=11634 Stage 18-24: Top=7981 Bottom=9117					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input checked="" type="checkbox"/>		
Reason why green completion not utilized:					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: 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

Att Doc Num Name

400815826 WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group Comment Comment Date

Total: 0 comment(s)