

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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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 05-123-37629-00 6. County: WELD
 7. Well Name: Drieth Well Number: 4C-6H-I368
 8. Location: QtrQtr: NESE Section: 6 Township: 3N Range: 68W 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: 02/09/2015
 Perforations Top: 7777 Bottom: 11521 No. Holes: 939 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): 65946 Max pressure during treatment (psi): 8458
 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): 0.86
 Total acid used in treatment (bbl): 35 Number of staged intervals: 39
 Recycled water used in treatment (bbl): 931 Flowback volume recovered (bbl): 931
 Fresh water used in treatment (bbl): 14509 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 2631647 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/01/2015 Hours: 24 Bbl oil: 85 Mcf Gas: 166 Bbl H2O: 241
 Calculated 24 hour rate: Bbl oil: 85 Mcf Gas: 166 Bbl H2O: 241 GOR: 1953
 Test Method: FLOWING Casing PSI: 2158 Tubing PSI: 564 Choke Size: _____
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7462 Tbg setting date: 01/23/2015 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: 12/19/2014 End Date: 01/03/2015 Date of First Production this formation: 02/09/2015

Perforations Top: 7777 Bottom: 11521 No. Holes: 819 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Stages 1-28 stimulated the Codell: Top = 8874 Bottom = 11521
Stages 34-39 stimulated the Codell: Top = 7777 Bottom = 8327

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 57875 Max pressure during treatment (psi): 8458

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): 0.86

Total acid used in treatment (bbl): _____ Number of staged intervals: 34

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): 2336198 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: 2 + 3/8 Tubing Setting Depth: 7462 Tbg setting date: 01/23/2015 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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/01/2015 End Date: 01/02/2015 Date of First Production this formation: 02/09/2015

Perforations Top: 8375 Bottom: 8826 No. Holes: 120 Hole size: 0.38

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

Stages 29-33 stimulated the Fort Hays formation

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7105 Max pressure during treatment (psi): 7816

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): 0.91

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): 295449 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: 400801110, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)