

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: 400835760

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: Erin Lind
 Phone: (720) 876-5827
 Fax:
 Email: erin.lind@encana.com

5. API Number 05-123-38094-00
 6. County: WELD
 7. Well Name: Grant Hurt
 Well Number: 1G-14H G268
 8. Location: QtrQtr: SWNE Section: 14 Township: 2N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/24/2015 End Date: 01/24/2015 Date of First Production this formation: 04/09/2015
 Perforations Top: 7924 Bottom: 8326 No. Holes: 81 Hole size: 0.44

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

Stages 42 - 44 treated with 5,626 bbls of total fluids, 27 bbls of additives, and 294,835 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5626 Max pressure during treatment (psi): 7255
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
 Type of gas used in treatment: Min frac gradient (psi/ft): 0.89
 Total acid used in treatment (bbl): 0 Number of staged intervals: 3
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 24
 Fresh water used in treatment (bbl): 5626 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 294835 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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/18/2015 End Date: 01/24/2015 Date of First Production this formation: 04/09/2015

Perforations Top: 7868 Bottom: 14009 No. Holes: 1029 Hole size: 0.44

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

Stages 1 - 17 and 20 - 41 treated with 73,132 bbls of total fluids, 353 bbls of additives, and 3,832,854 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 73132 Max pressure during treatment (psi): 8110

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.43

Total acid used in treatment (bbl): 0 Number of staged intervals: 39

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 314

Fresh water used in treatment (bbl): 73132 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3832854 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: 01/21/2015 End Date: 01/21/2015 Date of First Production this formation: 04/09/2015

Perforations Top: 11845 Bottom: 11898 No. Holes: 27 Hole size: 0.44

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

Stage 18 treated with 1,875 bbls of total fluids, 9 bbls of additives, and 98,278 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1875 Max pressure during treatment (psi): 7406

Total gas used in treatment (mcf): 0 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): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8

Fresh water used in treatment (bbl): 1875 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 98278 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/21/2015 End Date: 01/21/2015 Date of First Production this formation: 04/09/2015

Perforations Top: 11693 Bottom: 11797 No. Holes: 27 Hole size: 0.44

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

Stage 19 treated with 1,875 bbls of total fluids, 9 bbls of additives, and 98,278 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1875 Max pressure during treatment (psi): 7146

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8

Fresh water used in treatment (bbl): 1875 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 98278 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: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/18/2015 End Date: 01/24/2015 Date of First Production this formation: 04/09/2015
Perforations Top: 7868 Bottom: 14463 No. Holes: 1164 Hole size: 0.44

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

Stages 1 - 44 treated with 82,508 bbls of total fluids, 398 bbls of additives, and 4,324,246 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 82508 Max pressure during treatment (psi): 8110
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.43
Total acid used in treatment (bbl): 0 Number of staged intervals: 44
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 354
Fresh water used in treatment (bbl): 82508 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4324246 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/18/2015 Hours: 24 Bbl oil: 278 Mcf Gas: 449 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 278 Mcf Gas: 449 Bbl H2O: 0 GOR: 1615
Test Method: Flows from well Casing PSI: 2102 Tubing PSI: 1520 Choke Size: 0
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7602 Tbg setting date: 03/10/2015 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:
The perforation interval for the Niobrara formation is 11,693 - 11,797. The perforation interval for the Fort Hays formation is 11,845 - 11,898. The perforation intervals for the Codell formation are 7,868 - 7,870, 8,375 - 11,646 and 11,946 - 14,009. The perforation interval for the Carlile formation is 7,924 - 8,326.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Erin Lind
Title: Regulatory Analyst Date: Email erin.lind@encana.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400835775, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)