FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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Document Number: 400855462

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:
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5. API Number 05-123-39774-00
6. County: WELD
7. Well Name: Newnam
Well Number: 2C-32H C264
8. Location: QtrQtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/18/2015 End Date: 03/19/2015 Date of First Production this formation: 05/27/2015

Perforations Top: 7774 Bottom: 8020 No. Holes: 54 Hole size: 0.38

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

Stages 25 - 26 treated with 3,651 bbls of fresh water, 57 bbls of recycled water, 18 bbls of additives, 14 bbls of acid 15%, and 194,879 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3722
Max pressure during treatment (psi): 8265
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): 1.00
Total acid used in treatment (bbl): 14
Number of staged intervals: 2
Recycled water used in treatment (bbl): 57
Flowback volume recovered (bbl): 20
Fresh water used in treatment (bbl): 3651
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 194879
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: 03/13/2015 End Date: 03/18/2015 Date of First Production this formation: 05/27/2015

Perforations Top: 8067 Bottom: 11538 No. Holes: 243 Hole size: 0.38

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

Stages 1, 15 - 19, & 22 - 24 treated with 16,431 of fresh water, 258 bbls of recycled water, 82 bbls of additives, 62 bbls of acid 15%, and 876,957 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 16751 Max pressure during treatment (psi): 7861

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): 62 Number of staged intervals: 9

Recycled water used in treatment (bbl): 258 Flowback volume recovered (bbl): 90

Fresh water used in treatment (bbl): 16431 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 876957 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: 03/15/2015 End Date: 03/18/2015 Date of First Production this formation: 05/27/2015

Perforations Top: 8457 Bottom: 11387 No. Holes: 324 Hole size: 0.38

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

Stages 2 - 8, 12 - 14, & 20 - 21 treated with 21,908 of fresh water, 344 bbls of recycled water, 109 bbls of additives, 83 bbls of acid 15%, and 1,169,275 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 22334 Max pressure during treatment (psi): 8733

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): 0.93

Total acid used in treatment (bbl): 83 Number of staged intervals: 12

Recycled water used in treatment (bbl): 344 Flowback volume recovered (bbl): 120

Fresh water used in treatment (bbl): 21908 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1169275 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: 03/16/2015 End Date: 03/17/2015 Date of First Production this formation: 05/27/2015

Perforations Top: 10019 Bottom: 10362 No. Holes: 81 Hole size: 0.38

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

Stages 9 - 11 treated with 5,450 bbls of fresh water, 86 bbls of recycled water, 27 bbls of additives, 21 bbls of acid 15%, and 292,319 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 5584 Max pressure during treatment (psi): 8088

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): 0.97

Total acid used in treatment (bbl): 21 Number of staged intervals: 3

Recycled water used in treatment (bbl): 86 Flowback volume recovered (bbl): 30

Fresh water used in treatment (bbl): 5477 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 292319 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: 03/13/2015 End Date: 03/19/2015 Date of First Production this formation: 05/27/2015

Perforations Top: 7774 Bottom: 11538 No. Holes: 702 Hole size: 0.38

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

Stages 1 - 26 treated with 47,231 bbls of fresh water, 745 bbls of recycled water, 236 bbls of additives, 179 bbls of acid 15%, and 2,533,430 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 48391 Max pressure during treatment (psi): 8733

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): 0.93

Total acid used in treatment (bbl): 179 Number of staged intervals: 26

Recycled water used in treatment (bbl): 745 Flowback volume recovered (bbl): 260

Fresh water used in treatment (bbl): 47467 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2533430 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/04/2015 Hours: 24 Bbl oil: 74 Mcf Gas: 110 Bbl H2O: 168

Calculated 24 hour rate: Bbl oil: 74 Mcf Gas: 110 Bbl H2O: 168 GOR: 1500

Test Method: flows from well Casing PSI: 1675 Tubing PSI: 801 Choke Size:

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7298 Tbg setting date: 04/24/2015 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 Niobrara formation was treated from 3/16 - 3/17/15. The perforation interval for this formation is 10,019 - 10,362. The Fort Hays formation was treated from 3/15 - 3/18/15. The perforation intervals for this formation are 8,457 - 8,703, 9,531 - 9,972, and 10,409 - 11,387. The Codell formation was treated on 3/13/15 and 3/17 - 3/18/15. The perforation intervals for this formation are 8,067 - 8,410, 8,750 - 9,484, and 11,535 - 11,538. The Carlile formation was treated from 3/18 - 3/19/15. The perforation interval for this formation is 7,774 - 8,020.

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

Att Doc Num	Name
400855502	WELLBORE DIAGRAM

Total Attach: 1 Files

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