

FORM
5ARev
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 4. Contact Name: Erin Lind
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202- Email: erin.lind@encana.com

5. API Number 05-123-39772-00 6. County: WELD
 7. Well Name: Newnam Well Number: 2H-32H C264
 8. Location: QtrQtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 04/01/2015 End Date: 04/05/2015 Date of First Production this formation: 05/27/2015Perforations Top: 7442 Bottom: 11114 No. Holes: 675 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐

Stages 1 - 26 treated with 74,485 bbls of fresh water, 1,085 bbls of recycled water, 382 bbls of additives, 631 bbls of acid 15%, and 4,827,407 lbs of 40/70 Sand Proppant

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 76583Max pressure during treatment (psi): 8780Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.00Total acid used in treatment (bbl): 631Number of staged intervals: 26Recycled water used in treatment (bbl): 1085Flowback volume recovered (bbl): 1085Fresh water used in treatment (bbl): 74867Disposition method for flowback: DISPOSALTotal proppant used (lbs): 4827407Rule 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: 150 Mcf Gas: 133 Bbl H2O: 340Calculated 24 hour rate: Bbl oil: 150 Mcf Gas: 133 Bbl H2O: 340 GOR: 887Test Method: flows from well Casing PSI: 1670 Tubing PSI: 1176 Choke Size: _____Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50Tubing Size: 2 + 3/8 Tubing Setting Depth: 6969 Tbg setting date: 04/28/2015 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:

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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
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Attachment Check List

Att Doc Num **Name**

400855605	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)