

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400789500 Date Received: 02/13/2015

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 05-123-38348-00 6. County: WELD 7. Well Name: Edith Ann-Duckworth Well Number: 4B-21H O268 8. Location: QtrQtr: SWSE Section: 21 Township: 2N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/29/2014 End Date: 11/08/2014 Date of First Production this formation: 01/14/2015 Perforations Top: 7957 Bottom: 17123 No. Holes: 1620 Hole size: 0.38

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

Stages 1-51 treated with a total of 126,828 bbls of fresh water, 615 bbls of Slickwater, and 5,529,580 lbs of 40/70 sand proppant.

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 127443 Max pressure during treatment (psi): 8628 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: 51 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3980 Fresh water used in treatment (bbl): 126828 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 5529580 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: 02/08/2015 Hours: 24 Bbl oil: 262 Mcf Gas: 557 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 262 Mcf Gas: 557 Bbl H2O: 0 GOR: 2126 Test Method: Flows from well Casing PSI: 0 Tubing PSI: 0 Choke Size: Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7658 Tbg setting date: 12/04/2014 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: 10/29/2014 End Date: 11/08/2014 Date of First Production this formation: 01/14/2015

Perforations Top: 8152 Bottom: 17123 No. Holes: _____ Hole size: _____

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

Codell 8152-17123'

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

Total proppant used (lbs): _____ 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: 10/29/2014 End Date: 11/08/2014 Date of First Production this formation: 01/14/2015

Perforations Top: 7957 Bottom: 8104 No. Holes: Hole size:

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

Fort Hays 7957-8104'

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): 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: Erin Lind
Title: Regulatory Analyst Date: 2/13/2015 Email erin.lind@encana.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400789500 FORM 5A SUBMITTED, 400789567 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	<ul style="list-style-type: none">• Added individual panels for Ft. Hays and Codell and adjusted perf tops/bottoms based on wellbore equipment report.• Producing Panel is Codell - Fort Hays formation.• Added "Slickwater" to formation treatment summary.• Permitting review complete/passed task.	04/15/2017
Permit	<ul style="list-style-type: none">• Missing fluid type, requesting additional information on the type of additives used in this treatment.	11/04/2016

Total: 2 comment(s)