

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:

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 ☒ 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: ☒

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

Att Doc Num	Name
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)