

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Kelly Hamden
Phone: (720) 876-5185
Fax: (720) 876-6185
Email: Kelly.Hamden@encana.com

5. API Number 05-077-09308-00
6. County: MESA
7. Well Name: ORCHARD UNIT
Well Number: 18-16 (M17OU)
8. Location: QtrQtr: SWSW Section: 17 Township: 8S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/13/2007 End Date: 09/13/2007 Date of First Production this formation: 10/23/2007

Perforations Top: 4933 Bottom: 5207 No. Holes: 24 Hole size: 0.34

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

Stage 1 - Stage 1 treated with a total of: 2439 bbls of Slickwater (BWS), 256,114 lbs of Proppant 15% Flaxsand, 85% 20/40 White Sand.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2439 Max pressure during treatment (psi): 3732

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.61

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

Recycled water used in treatment (bbl): 2439 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 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: 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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/13/2007 End Date: 09/13/2007 Date of First Production this formation: 10/23/2007

Perforations Top: 4933 Bottom: 5207 No. Holes: 24 Hole size: 0.34

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

Stage 1 - Stage 1 treated with a total of: 2439 bbls of Slickwater (BWS), 256,114 lbs of Proppant 15% Flaxsand, 85% 20/40 White Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2439 Max pressure during treatment (psi): 3732

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.61

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

Recycled water used in treatment (bbl): 2439 Flowback volume recovered (bbl): _____

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

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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/13/2007 End Date: 09/13/2007 Date of First Production this formation: 10/23/2007

Perforations Top: 3571 Bottom: 5207 No. Holes: 104 Hole size: _____

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 12800 Max pressure during treatment (psi): 4824

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): _____ Number of staged intervals: 4

Recycled water used in treatment (bbl): 12800 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 807428 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: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/17/2007 End Date: 09/18/2007 Date of First Production this formation: 10/23/2007

Perforations Top: 3571 Bottom: 4646 No. Holes: 80 Hole size: 0.34

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

Stage 2 - Stage 5 treated with a total of: 10,361 bbls of Slickwater (BWS), 551,314 of 20/40 White Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10361 Max pressure during treatment (psi): 4824

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): Number of staged intervals: 4

Recycled water used in treatment (bbl): 10361 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 551314 Disposition method for flowback: RECYCLE

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:

This Form 5A is to separate the Cozzette and Corcoran formations for allocation purposes. The Cozzette and Corcoran reflect the same data due to the fact they are commingled and within the same stage (Stage 1) of completions, followed by the Williams Fork formation as well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Kelly Hamden

Title: Regulatory Analyst Date: 7/22/2015 Email: Kelly.Hamden@encana.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400872656 FORM 5A SUBMITTED, 400872663 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Still ON HOLD: Alerted Production Group that all production is shown for Williams Fork-illes. Requested opinion on preferred reporting.	12/14/2017
Permit	Operator is to report production as coming from Williams Fork-illes from initial production date to present.	01/18/2016

Total: 2 comment(s)