

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400254674

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 Hochstetler
Phone: (720) 876-5827
Fax:

5. API Number 05-045-20642-00
6. County: GARFIELD
7. Well Name: SG
Well Number: 8503D-22 N22496
8. Location: QtrQtr: 5 Section: 22 Township: 4S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 12/28/2011 Date of First Production this formation: 01/29/2012
Perforations Top: 7954 Bottom: 11731 No. Holes: 390 Hole size: 0.42

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

Stages 01-13 treated with a total of: 277655 bbls of Slickwater.

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

Test Information:

Date: 02/04/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 3764 Bbls H2O: 201
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3764 Bbls H2O: 201 GOR: 0
Test Method: Flowing Casing PSI: 1950 Tubing PSI: Choke Size: 44
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
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:

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 Hochstetler

Title: Permitting Technician Date: Email: erin.hochstetler@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400254685	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)