

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



DE ET OE ES

Document Number:

400296841

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
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: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-077-09418-00
6. County: MESA
7. Well Name: ORCHARD UNIT
Well Number: 30-5H (K20OU)
8. Location: QtrQtr: NESW Section: 20 Township: 8S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: MANCOS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/08/2011 End Date: 12/19/2011 Date of First Production this formation: 12/23/2011

Perforations Top: 6416 Bottom: 8623 No. Holes: 360 Hole size: 0.34

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

Stages 27-32 treated with a total of: 102,349 bbls of Slickwater, 604,395 lbs 100 Sand, 911,229 lbs 40-70 White.

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

Total fluid used in treatment (bbl): 102349 Max pressure during treatment (psi): 8487

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: Number of staged intervals: 32

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.86

Recycled water used in treatment (bbl): 102349 Flowback volume recovered (bbl): 4779

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1515624 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 4398 Bbl H2O: 108

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4398 Bbl H2O: 108 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 1125 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6357 Tbg setting date: 05/21/2012 Packer Depth: 0

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/08/2011 End Date: 12/19/2011 Date of First Production this formation: 12/23/2011

Perforations Top: 8758 Bottom: 15280 No. Holes: 2220 Hole size: 0.34

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

Stages 1-26 treated with a total of: 440,234 bbls of Slickwater, 2,573,211 lbs 100 Sand, 3,911,053 40-70 White.

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

Total fluid used in treatment (bbl): 440234 Max pressure during treatment (psi): 8487

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____ Number of staged intervals: 32

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.86

Recycled water used in treatment (bbl): 440234 Flowback volume recovered (bbl): 4779

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 6484264 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 4398 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4398 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 1125 Choke Size: 28/64

Gas Disposition: _____ Gas Type: _____ Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6357 Tbg setting date: 05/21/2012 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

Tubing landed 5/21/12, new 5A.

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

Signed: _____ Print Name: Marina Ayala

Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400296848	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)