

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:

400301463

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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-33315-00
6. County: WELD
7. Well Name: Ross
Well Number: 12-19
8. Location: QtrQtr: SWNW Section: 19 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/15/2012</u>		End Date: <u>03/11/2012</u>		Date of First Production this formation: <u>04/13/2012</u>	
Perforations	Top: <u>7515</u>	Bottom: <u>7529</u>	No. Holes: <u>42</u>	Hole size: <u>0.42</u>	

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

Set CFP @ 7570'. 02-23-12
 Frac'd the Codell 7515' – 7529', (42 holes) w/ 87,570 gal 22 # pHaserFrac Hybrid cross linked gel containing 253,920 # 30/50 sand. 02-28-12

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>2731</u>	Max pressure during treatment (psi): <u>3911</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Number of staged intervals: <u>1</u>
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): <u>0.75</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>2731</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>253920</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____	

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/13/2012
Perforations Top: 7225 Bottom: 7981 No. Holes: 114 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7150'. 03-09-12
Drilled out CBP @ 7150', CFP @ 7450', 7570' to commingle the JSND-NBRR-CDL. 03-09-12

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: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
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: 04/30/2012 Hours: 24 Bbl oil: 55 Mcf Gas: 287 Bbl H2O: 17
Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 287 Bbl H2O: 17 GOR: 5218
Test Method: FLOWING Casing PSI: 939 Tubing PSI: 636 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1273 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7920 Tbg setting date: 03/10/2012 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: _____

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/15/2012</u>		End Date: <u>03/11/2012</u>		Date of First Production this formation: <u>04/13/2012</u>	
Perforations	Top: <u>7954</u>	Bottom: <u>7981</u>	No. Holes: <u>44</u>	Hole size: <u>0.42</u>	

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

Frac'd the J-Sand 7954'– 7981', (44 holes) w/ 66,234 gal 18 # pHaserFrac Hybrid cross linked gel containing 251,920# 20/40 Sand. 02-22-12

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

Total fluid used in treatment (bbl): <u>3876</u>	Max pressure during treatment (psi): <u>3367</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Number of staged intervals: <u>1</u>
Total acid used in treatment (bbl): _____	Max frac gradient (psi/ft): <u>0.56</u>
Recycled water used in treatment (bbl): <u>3876</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>251920</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

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: _____

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 02/15/2012		End Date: 03/11/2012		Date of First Production this formation: 04/13/2012	
Perforations	Top: 7225	Bottom: 7529	No. Holes: 70	Hole size: 0.42	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:		Number of staged intervals:			
Total acid used in treatment (bbl):		Max frac gradient (psi/ft):			
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: <input type="checkbox"/>			
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
Bridge Plug Depth:	Sacks cement on top:				

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: 03/11/2012 Date of First Production this formation: 04/13/2012

Perforations Top: 7225 Bottom: 7403 No. Holes: 28 Hole size: 0.42

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

Set CFP @ 7450'. 02-28-12
Frac'd the Niobrara 7225' – 7403 (28 holes), w/ 101,220 gals 18 # pHaserFrac
Hybrid cross linked gel containing 251,080# 30/50 sand. 02-28-12

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

Total fluid used in treatment (bbl): 3352 Max pressure during treatment (psi): 4829

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Number of staged intervals: 1

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): 0.82

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

Fresh water used in treatment (bbl): 3352 Disposition method for flowback: _____

Total proppant used (lbs): 251080 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: _____

Comment:

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

Signed: _____ Print Name: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400301464	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)