

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:

400336836

Date Received:

10/16/2012

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 05-045-20790-00
6. County: GARFIELD
7. Well Name: KM
Well Number: DH7A-32 C08 799
8. Location: QtrQtr: NENW Section: 8 Township: 7S Range: 99W Meridian: 6
9. Field Name: GASAWAY Field Code: 29560

Completed Interval

FORMATION: MANCOS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/29/2012 End Date: 06/10/2012 Date of First Production this formation: 08/30/2012

Perforations Top: 7900 Bottom: 18303 No. Holes: 2136 Hole size: 0.52

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 1-42 treated with a total of: 734,419 bbls of Slickwater, 3,971,933 lbs 100 Sand, 456,230 lbs 20-40 Sand, 567,886 lbs 30-50 Sand, 11,017,131 lbs 40-70 Sand.

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

Total fluid used in treatment (bbl): 734419

Max pressure during treatment (psi): 10053

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.64

Total acid used in treatment (bbl): 0

Number of staged intervals: 42

Recycled water used in treatment (bbl): 734419

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 689026

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1601318

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2752 Bbl H2O: 1180

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2752 Bbl H2O: 1180 GOR: 0

Test Method: Flowing Casing PSI: 2389 Tubing PSI: _____ Choke Size: 22/64

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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Proppant Total: 16,013,180

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: 10/16/2012 Email: marina.ayala@encna.com

Attachment Check List

Att Doc Num	Name
400336836	FORM 5A SUBMITTED
400336849	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)