

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:

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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 05-013-06667-00
6. County: BOULDER
7. Well Name: CANYON CREEK
Well Number: 4-13
8. Location: QtrQtr: NWSE Section: 13 Township: 1N Range: 69W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 10/19/2012
Perforations Top: 7566 Bottom: 8407 No. Holes: 88 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CBP @ 7445'. 08-22-12

Drilled out CBP and CFP's to commingle the JSND-NBRR. 08-23-12

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:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

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: 12/21/2012 Hours: 24 Bbl oil: 103 Mcf Gas: 372 Bbl H2O: 80
Calculated 24 hour rate: Bbl oil: 103 Mcf Gas: 372 Bbl H2O: 80 GOR: 3612
Test Method: FLOWING Casing PSI: 1721 Tubing PSI: 957 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1207 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8356 Tbg setting date: 08/23/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/22/2012</u>		End Date: <u>08/23/2012</u>		Date of First Production this formation: <u>10/19/2012</u>	
Perforations	Top: <u>8391</u>	Bottom: <u>8407</u>	No. Holes: <u>48</u>	Hole size: <u>0.42</u>	

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

Frac'd the J-Sand 8,391' – 8,407', (48 holes)w/ 54,171 gal 18 # pHaser Hybrid cross linked gel containing 195,816 # 20/40 Sand. 08-02-12

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

Total fluid used in treatment (bbl): <u>3565</u>	Max pressure during treatment (psi): <u>3944</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>-0.70</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>3565</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>195816</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: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 07/22/2012 End Date: 08/02/2012 Date of First Production this formation: 10/19/2012
Perforations Top: 7566 Bottom: 7739 No. Holes: 40 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

Set CFP @ 8190'. 08-02-12
Frac'd the Niobrara 7,566' - 7,570'; 7,733'-7,739' (40 holes), w/ 83,510 gals 18 # pHaser Hybrid cross linked gel containing 180,543 # 20/40 sand. 08-02-12

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 2943 Max pressure during treatment (psi): 6548
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.72
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): 2943 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 180919 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:

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
400366697	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)