

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:
400372430

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, reoperation 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 4. Contact Name: Marina Ayala
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21038-00 6. County: GARFIELD
 7. Well Name: SG Well Number: 8514C-22 N22496
 8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/24/2012 End Date: 12/15/2012 Date of First Production this formation: 12/27/2012

Perforations Top: 11440 Bottom: 12124 No. Holes: 30 Hole size: 42/100

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

Stages 1-2 treated with a total of: 293,707 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 293707 Max pressure during treatment (psi): 7211

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 14

Recycled water used in treatment (bbl): 293707 Flowback volume recovered (bbl): 18345

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

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/03/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1850 Bbl H2O: 2064

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1850 Bbl H2O: 2064 GOR: 0

Test Method: Flowing Casing PSI: 1975 Tubing PSI: _____ Choke Size: 24/64

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.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/24/2012 End Date: 12/15/2012 Date of First Production this formation: 11/27/2012
Perforations Top: 7231 Bottom: 10949 No. Holes: 390 Hole size: 42/100

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

Stages 3-14 treated with a total of: 293,707 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 293707 Max pressure during treatment (psi): 7211
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73
Total acid used in treatment (bbl): 0 Number of staged intervals: 14
Recycled water used in treatment (bbl): 293707 Flowback volume recovered (bbl): 18345
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/03/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1850 Bbl H2O: 2065
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1850 Bbl H2O: 2065 GOR: 0
Test Method: Flwoing Casing PSI: 1975 Tubing PSI: _____ Choke Size: 24/64
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: _____

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
400372434	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)