

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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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 4. Contact Name: Jane Washburn
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-26212-00 6. County: WELD
 7. Well Name: LIBSACK Well Number: 4-8-27
 8. Location: QtrQtr: SWSE Section: 27 Township: 4N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2011 End Date: 08/12/2011 Date of First Production this formation: 03/23/2008

Perforations Top: 7218 Bottom: 7232 No. Holes: 50 Hole size: _____

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

Codell - Frac'd 7218-7232 w/114,458 gal frac fluid and 250,080 # sand. CIBP set @ 7260 and CFP set @ 7070 on 8/12/11. Drilled out 10/21/11.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2725 Max pressure during treatment (psi): 4241

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 266

Fresh water used in treatment (bbl): 2725 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250080 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.

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2011 End Date: 08/12/2011 Date of First Production this formation: 03/23/2008
Perforations Top: 6941 Bottom: 7740 No. Holes: 158 Hole size: _____

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

Plugs were drilled out 10/21/2011 and zones commingled to produce.

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: 10/27/2011 Hours: 12 Bbl oil: 10 Mcf Gas: 289 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 578 Bbl H2O: 14 GOR: 28900
Test Method: Flowing Casing PSI: 510 Tubing PSI: 338 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7664 Tbg setting date: 10/21/2011 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2011 End Date: 08/12/2011 Date of First Production this formation: 03/23/2008
 Perforations Top: 6941 Bottom: 7035 No. Holes: 68 Hole size: _____

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

Niobrara - Perfed 6941-6958, 4 spf, 68 holes. Frac'd 6941-7035 w/ 131,169 gal frac fluid and 250,120 # sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3123 Max pressure during treatment (psi): 5214

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 60.90

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

Recycled water used in treatment (bbl): 3123 Flowback volume recovered (bbl): 267

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

Total proppant used (lbs): 250120 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: Jane Washburn
 Title: Operations Technologist Date: 12/6/2012 Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400354636	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Operator sent correct perforation intervals. Ready to pass.	2/6/2013 9:02:45 AM
Permit	On hold. Perforations do not match zones.	2/5/2013 1:15:21 PM

Total: 2 comment(s)