

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-35413-00
6. County: WELD
7. Well Name: STELLING
Well Number: 3B-4H
8. Location: QtrQtr: SESW Section: 4 Township: 1N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2012 End Date: 08/16/2012 Date of First Production this formation: 11/03/2012

Perforations Top: 7330 Bottom: 11571 No. Holes: 968 Hole size: 0.38

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

Stages 1-17 treated with a total of 25,680 bbl. of slickwater.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 25680 Max pressure during treatment (psi): 8473

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): 0.90

Total acid used in treatment (bbl): Number of staged intervals: 17

Recycled water used in treatment (bbl): 25680 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 5320846 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/03/2012 Hours: 24 Bbl oil: 347 Mcf Gas: 355 Bbl H2O: 171

Calculated 24 hour rate: Bbl oil: 347 Mcf Gas: 355 Bbl H2O: 171 GOR:

Test Method: FLOWING Casing PSI: 2128 Tubing PSI: 1519 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1142 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7114 Tbg setting date: 09/04/2012 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.

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
400389478	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)