

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20923-00 6. County: GARFIELD
 7. Well Name: STORY GULCH Well Number: 8515E-25 D36496
 8. Location: QtrQtr: Lot 4 Section: 36 Township: 4S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 03/29/2013 End Date: 04/09/2013 Date of First Production this formation: 04/23/2013

Perforations Top: 8449 Bottom: 12264 No. Holes: 390 Hole size: 0.42

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

Stage 1 – 13 treated with a total of: 203,577 bbls of Slickwater (BWS)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 203577 Max pressure during treatment (psi): 7550

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): 0.57

Total acid used in treatment (bbl): 0 Number of staged intervals: 13

Recycled water used in treatment (bbl): 203577 Flowback volume recovered (bbl): _____

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: 05/02/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 3099 Bbl H2O: 3600

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3099 Bbl H2O: 3600 GOR: 0

Test Method: Flowing Casing PSI: 945 Tubing PSI: 0 Choke Size: 46/64

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: Judith Walter

Title: Regulatory Analyst Date: _____ Email: judith.walter@encana.com
:

Attachment Check List

Att Doc Num	Name
400426589	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)