

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, 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 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: Jane Washburn Phone: (720) 876-5431 Fax: (720) 876-6431

5. API Number 05-123-23559-00 6. County: WELD 7. Well Name: BEARDEN 8. Location: QtrQtr: NESW Section: 6 Township: 1N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/26/2013 End Date: 06/26/2013 Date of First Production this formation: Perforations Top: 7778 Bottom: 7798 No. Holes: 80 Hole size:

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

Set CIBP @ 7860'. Frac Codell with 250,500 # sand and 78,179 gals (1864 bbls) frac fluid.

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

Total fluid used in treatment (bbl): 1864 Max pressure during treatment (psi): 4194 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): 0.85 Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 491 Fresh water used in treatment (bbl): 1864 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 250500 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: 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: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/19/2007

Perforations Top: 7534 Bottom: 8232 No. Holes: 152 Hole size: _____

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

Drilled out plugs and commingled the J-Sand, Niobrara and Codell.

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: 07/23/2013 Hours: 1 Bbl oil: 5 Mcf Gas: 36 Bbl H2O: 10
Calculated 24 hour rate: Bbl oil: 120 Mcf Gas: 864 Bbl H2O: 240 GOR: 7200
Test Method: FLOW Casing PSI: 1098 Tubing PSI: 611 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1204 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8134 Tbg setting date: 07/01/2013 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: 06/26/2013 End Date: 06/26/2013 Date of First Production this formation: _____

Perforations Top: 7534 Bottom: 7554 No. Holes: 40 Hole size: _____

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

Set CFP @ 7684. Frac Niobrara with 250,700 # sand and 90,195 gals (2146 gals) frac fluid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2146 Max pressure during treatment (psi): 4365

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): 0.84

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 491

Fresh water used in treatment (bbl): 2146 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250700 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: _____ Email: jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400467918	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)