

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



DE ET OE ES

Document Number:

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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: Cristi Cota-Smith  
Phone: (720) 876-3083  
Fax: (720) 876-4083

5. API Number 05-123-32893-00  
6. County: WELD  
7. Well Name: Rasmussen  
Well Number: 4-2-28  
8. Location: QtrQtr: SENW Section: 28 Township: 2N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/23/2013 End Date: 04/23/2013 Date of First Production this formation: 06/21/2013

Perforations Top: 7685 Bottom: 7706 No. Holes: 63 Hole size: 0.42

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

Set CFP @ 7740. 4-23-13  
Frac'd the Codell with 108,680# 40-70 with 112,434 bbls total fluid. 4-23-13

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2677 Max pressure during treatment (psi): 3680

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): 0.78

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

Recycled water used in treatment (bbl): 2677 Flowback volume recovered (bbl): 1227

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

Total proppant used (lbs): 108680 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: <u>J-NIOBRARA-CODELL</u>  |   | Status: <u>COMMINGLED</u>                            |  | Treatment Type: <u>FRACTURE STIMULATION</u>                |  |
| Treatment Date: _____  |   | End Date: _____                                      |  | Date of First Production this formation: <u>06/21/2013</u> |  |
| Perforations   | Top: <u>7459</u>  | Bottom: <u>8155</u>                                  | No. Holes: <u>202</u>  | Hole size: <u>0.42</u>                                     |  |
| Provide a brief summary of the formation treatment:  |   |  | Open Hole: <input type="checkbox"/>  |  |  |
| Drilled up CFPs to commingle the JSND-NBRR-CODL. 4.30.13   |   |  |  |  |  |
| This formation is commingled with another formation:   |   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> |  |  |
| Reason why green completion not utilized: _____  |   |  |  |  |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>                                     |   |  |  |  |  |
| <b><u>Test Information:</u></b>  |   |  |  |  |  |
| Date: <u>07/05/2013</u>  | Hours: <u>18</u>  | Bbl oil: <u>30</u>                                   | Mcf Gas: <u>218</u>  | Bbl H2O: <u>27</u>   |  |
| Calculated 24 hour rate:   | Bbl oil: <u>40</u>  | Mcf Gas: <u>291</u>                                  | Bbl H2O: <u>36</u>   | GOR: <u>7267</u>   |  |
| Test Method: <u>Flowing</u>  | Casing PSI: <u>1100</u>   | Tubing PSI: <u>311</u>                               | Choke Size: <u>12/64</u>   |  |  |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>DRY</u>  | Btu Gas: <u>1</u>                                    | API Gravity Oil: <u>50</u>   |  |  |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>8107</u>                                 | Tbg setting date: <u>04/30/2013</u>                  | Packer Depth: _____  |  |  |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |  |  |  |  |
| Date formation Abandoned: _____  | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____                    |  |  |  |
| ** Bridge Plug Depth: _____  | ** Sacks cement on top: _____                                     | ** Wireline and Cement Job Summary must be attached. |  |  |  |

|                                   |                  |                             |                      |  |  |
|-----------------------------------|------------------|-----------------------------|----------------------|--|--|
| FORMATION: <u>J SAND</u>          |                  | Status: <u>PRODUCING</u>    |                      | Treatment Type: <u>FRACTURE STIMULATION</u>                |  |
| Treatment Date: <u>04/23/2013</u> |                  | End Date: <u>04/23/2013</u> |                      | Date of First Production this formation: <u>06/21/2013</u> |  |
| Perforations                      | Top: <u>8127</u> | Bottom: <u>8155</u>         | No. Holes: <u>75</u> | Hole size: <u>0.42</u>                                     |  |

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Frac'd the J Sand with 109,600# 20/40 with 114,198 gals SLF

This formation is commingled with another formation: ☒ Yes ☐ No

|   |   |
|---|---|
| Total fluid used in treatment (bbl): <u>2719</u>    | Max pressure during treatment (psi): <u>6029</u>  |
| Total gas used in treatment (mcf): _____            | Fluid density at initial fracture (lbs/gal): <u>8.30</u>                                |
| Type of gas used in treatment: _____                | Min frac gradient (psi/ft): <u>0.61</u>   |
| Total acid used in treatment (bbl): _____           | Number of staged intervals: <u>1</u>  |
| Recycled water used in treatment (bbl): <u>2719</u> | Flowback volume recovered (bbl): <u>1227</u>  |
| Fresh water used in treatment (bbl): _____          | Disposition method for flowback: <u>DISPOSAL</u>  |
| Total proppant used (lbs): <u>109600</u>            | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |

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: NIOBRARA-CODELL   |   | Status: PRODUCING  |                        | Treatment Type: FRACTURE STIMULATION                                |  |
| Treatment Date: 04/23/2013   |   | End Date: 04/24/2013   |                        | Date of First Production this formation: 06/21/2013                 |  |
| Perforations Top: 7459   |   | Bottom: 7706   |                        | No. Holes: 127      Hole size: 0.42                                 |  |
| Provide a brief summary of the formation treatment:  |   |  |                        | Open Hole: <input type="checkbox"/>                                 |  |
| This formation is commingled with another formation:   |   |  |                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> |                        |   |  |
| Reason why green completion not utilized: _____  |   |  |                        |   |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>                                     |   |  |                        |   |  |
| <b><u>Test Information:</u></b>  |   |  |                        |   |  |
| 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |  |                        |   |  |
| Date formation Abandoned: _____  | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 04/23/2013 End Date: 04/24/2013 Date of First Production this formation: 06/21/2013  
Perforations Top: 7459 Bottom: 7475 No. Holes: 64 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐

Set CFP @ 7520'. 4-23-13  
Frac NBRR with 111,700# 40/70 with 113,568 gals SLF. 4-24-13

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2704 Max pressure during treatment (psi): 5500  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.78  
Total acid used in treatment (bbl): Number of staged intervals: 1  
Recycled water used in treatment (bbl): 2704 Flowback volume recovered (bbl): 1227  
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 111700 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: Cristi L. Cota-Smith  
Title: Permitting Analyst Date: Email: cristi.cota-smith@encana.com

#### Attachment Check List

**Att Doc Num** **Name**

400479807 WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

**User Group** **Comment** **Comment Date**

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Total: 0 comment(s)