

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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Document Number:

400784776

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: Bonnie Lamond
Phone: (720) 876-5156
Fax:
Email: bonnie.lamond@encana.com

5. API Number 05-123-37616-00
6. County: WELD
7. Well Name: Drieth
Well Number: 4F-6H-I368
8. Location: QtrQtr: NESE Section: 6 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/10/2014 End Date: 12/17/2014 Date of First Production this formation: 03/11/2015
Perforations Top: 7498 Bottom: 11447 No. Holes: 732 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☒
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 92686 Max pressure during treatment (psi): 8060
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): 0.86
Total acid used in treatment (bbl): 570 Number of staged intervals: 27
Recycled water used in treatment (bbl): 665 Flowback volume recovered (bbl): 665
Fresh water used in treatment (bbl): 91451 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 5095188 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/18/2015 Hours: 24 Bbl oil: 296 Mcf Gas: 230 Bbl H2O: 894
Calculated 24 hour rate: Bbl oil: 296 Mcf Gas: 320 Bbl H2O: 894 GOR: 581
Test Method: FLOWING Casing PSI: 1552 Tubing PSI: 918 Choke Size:
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7245 Tbg setting date: 01/23/2015 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Bonnie Lamond _____

Title: Regulatory Analyst _____

Date: _____

Email : bonnie.lamond@encana.com _____

Attachment Check List

Att Doc Num

Name

400801025

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)