

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:

400872656

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: Kelly Hamden  
Phone: (720) 876-5185  
Fax: (720) 876-6185  
Email: Kelly.Hamden@encana.com

5. API Number 05-077-09308-00  
6. County: MESA  
7. Well Name: ORCHARD UNIT  
Well Number: 18-16 (M17OU)  
8. Location: QtrQtr: SWSW Section: 17 Township: 8S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 09/13/2007 End Date: 09/13/2007 Date of First Production this formation: 10/23/2007  
Perforations Top: 4933 Bottom: 5207 No. Holes: 24 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stage 1 - Stage 1 treated with a total of: 2439 bbls of Slickwater (BWS), 256,114 lbs of Proppant 15% Flaxsand, 85% 20/40 White Sand.

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

Total fluid used in treatment (bbl): 2439

Max pressure during treatment (psi): 3732

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.61

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 2439

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

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: 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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/13/2007 End Date: 09/13/2007 Date of First Production this formation: 10/23/2007

Perforations Top: 4933 Bottom: 5207 No. Holes: 24 Hole size: 0.34

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

Stage 1 - Stage 1 treated with a total of: 2439 bbls of Slickwater (BWS), 256,114 lbs of Proppant 15% Flaxsand, 85% 20/40 White Sand.

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

Total fluid used in treatment (bbl): 2439

Max pressure during treatment (psi): 3732

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.61

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 2439

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

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: 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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/13/2007 End Date: 09/13/2007 Date of First Production this formation: 10/23/2007

Perforations Top: 3571 Bottom: 5207 No. Holes: 104 Hole size:

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): 12800

Max pressure during treatment (psi): 4824

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): 0.71

Total acid used in treatment (bbl):

Number of staged intervals: 4

Recycled water used in treatment (bbl): 12800

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 807428

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: WILLIAMS FORK		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 09/17/2007		End Date: 09/18/2007		Date of First Production this formation: 10/23/2007	
Perforations	Top: 3571	Bottom: 4646	No. Holes: 80	Hole size: 0.34	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Stage 2 - Stage 5 treated with a total of: 10,361 bbls of Slickwater (BWS), 551,314 of 20/40 White Sand.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): 10361			Max pressure during treatment (psi): 4824		
Total gas used in treatment (mcf):			Fluid density at initial fracture (lbs/gal): 8.40		
Type of gas used in treatment:			Min frac gradient (psi/ft): 0.71		
Total acid used in treatment (bbl):			Number of staged intervals: 4		
Recycled water used in treatment (bbl): 10361			Flowback volume recovered (bbl):		
Fresh water used in treatment (bbl): 551314			Disposition method for flowback: RECYCLE		
Total proppant used (lbs):			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized:					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b>Test Information:</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:					
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.			

Comment:

This Form 5A is to separate the Cozzette and Corcoran formations for allocation purposes. The Cozzette and Corcoran reflect the same data due to the fact they are commingled and within the same stage (Stage 1) of completions, followed by the Williams Fork formation as well.

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

Signed: \_\_\_\_\_ Print Name: Kelly Hamden  
 Title: Regulatory Analyst Date: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

### Attachment Check List

Att Doc Num	Name
400872663	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)