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: 400966573

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: Toby Sachen
Phone: (720) 876-5845
Fax:
Email: toby.sachen@encana.com

5. API Number 05-123-21024-00
6. County: WELD
7. Well Name: CONNER
Well Number: 42-4
8. Location: QtrQtr: SENE Section: 4 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/10/2011 End Date: 05/09/2011 Date of First Production this formation: 05/11/2011

Perforations Top: 7499 Bottom: 7516 No. Holes: 16 Hole size: 0.45

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

Treated from 7336 to 7516 with 256 bbl fluid (231 bbl Vistar 22 and 25 bbl slickwater) and 2 bbl acid.
25038 lb 30/50 white sand proppant

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

Total fluid used in treatment (bbl): 258
Max pressure during treatment (psi): 4257
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): 0.85
Total acid used in treatment (bbl): 2
Number of staged intervals: 1
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl): 23
Fresh water used in treatment (bbl): 256
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 25038
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: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/11/2011

Perforations Top: 7248 Bottom: 7516 No. Holes: 252 Hole size: 0.45

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

No choke sizes were entered for this well until 2015. No data available for 2011.

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: 07/10/2011 Hours: 24 Bbl oil: 14 Mcf Gas: 66 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 66 Bbl H2O: 0 GOR: 4714

Test Method: flowing Casing PSI: 316 Tubing PSI: 270 Choke Size:

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1298 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7933 Tbg setting date: 01/25/2012 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2011 End Date: 05/09/2011 Date of First Production this formation: 05/11/2011

Perforations Top: 7248 Bottom: 7498 No. Holes: 236 Hole size: 0.45

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

Treated from 7248 to 7498 with 3312 bbl fluid (1226 bbl slickwater, 4388 bbl Vistar 18) and 113 bbl flush. 475342 lb 30/50 white sand proppant

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

Total fluid used in treatment (bbl): 5751 Max pressure during treatment (psi): 4649

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): 0.90

Total acid used in treatment (bbl): 44 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 337

Fresh water used in treatment (bbl): 5727 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 475342 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: Toby Sachen

Title: Regulatory Analyst Date: Email: toby.sachen@encana.com

Attachment Check List

Att Doc Num	Name
400967591	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)