

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400327828

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: Marina Ayala Phone: (720) 876-5905 Fax: (720) 876-6905

5. API Number 05-045-21133-00
6. County: GARFIELD
7. Well Name: SG Well Number: WD16A-19 C19495
8. Location: QtrQtr: NENW Section: 19 Township: 4S Range: 95W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WASATCH Status: INJECTING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/05/2012 End Date: 06/20/2012 Date of First Production this formation:

Perforations Top: 6969 Bottom: 9552 No. Holes: 480 Hole size: 0.42

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

Stages 1-7 treated with a total of: 160,645 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 160645 Max pressure during treatment (psi): 5585
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50
Type of gas used in treatment: Max frac gradient (psi/ft): 0.67
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 160645 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 0 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: 2 + 3/8 Tubing Setting Depth: 6929 Tbg setting date: 09/14/2012 Packer Depth: 6897

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: Marina Ayala

Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com
:

Attachment Check List

Att Doc Num	Name
400327840	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)