

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: 06/12/2012 End Date: _____ Date of First Production this formation: _____
Perforations Top: 8036 Bottom: 8099 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

6/12/12: RPB set @ 7950' isolating the Dakota formation.
The master valve on the wellhead is closed on this well to insure the well is closed to the atmosphere.
There is no tubing in this well.

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: _____ 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: High Inert gas.
Plan is to evaluate for future development. No tubing was installed in this well (Please see attached wellbore diagram and wireline report).

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 7950 ** Sacks cement on top: 0 ** 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: Allison Linz
Title: Permitting Analyst Date: _____ Email: allison.linz@encana.com

Attachment Check List

Att Doc Num	Name
400501616	WELLBORE DIAGRAM
400502478	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)