

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400410060

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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-36049-00
6. County: WELD
7. Well Name: DOWDY Well Number: 8-6-10
8. Location: QtrQtr: NESE Section: 10 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/22/2012 End Date: 12/22/2012 Date of First Production this formation: 01/28/2013

Perforations Top: 7271 Bottom: 7285 No. Holes: 42 Hole size: 0.42

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

Set CFP @ 7335'.
Frac'd the Codell with 242,740# 20/40 sand and 77,784 gal SLF. 12-22-12

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

Total fluid used in treatment (bbl): 2589 Max pressure during treatment (psi): 5790

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.85

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

Recycled water used in treatment (bbl): 2589 Flowback volume recovered (bbl): 224

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

Total proppant used (lbs): 242740 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: J-NIOBRARA-CODELL		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 01/28/2013	
Perforations	Top: 7052	Bottom: 7770	No. Holes: 132	Hole size: 0.42	

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

Drilled out sand and plugs to commingle the JSND-NBRR-CDL. 01-09-13

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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/31/2013	Hours: 24	Bbl oil: 55	Mcf Gas: 619	Bbl H2O: 101
Calculated 24 hour rate:	Bbl oil: 55	Mcf Gas: 619	Bbl H2O: 101	GOR: 11255
Test Method: FLOWING	Casing PSI: 1349	Tubing PSI: 716	Choke Size: 16/64	
Gas Disposition: SOLD	Gas Type: DRY	Btu Gas: 1245	API Gravity Oil: 53	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7690	Tbg setting date: 01/09/2013	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: <u>J SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/20/2012</u>		End Date: <u>12/20/2012</u>		Date of First Production this formation: <u>01/28/2013</u>	
Perforations	Top: <u>7727</u>	Bottom: <u>7770</u>	No. Holes: <u>50</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd the J sand with 248,980# 20/40 sand with 117,894 gals SLF. 12-20-12					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>3841</u>			Max pressure during treatment (psi): <u>3053</u>		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): <u>8.34</u>		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): <u>0.23</u>		
Total acid used in treatment (bbl): _____			Number of staged intervals: <u>1</u>		
Recycled water used in treatment (bbl): <u>3841</u>			Flowback volume recovered (bbl): <u>224</u>		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: <u>DISPOSAL</u>		
Total proppant used (lbs): <u>248980</u>			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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.			

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/22/2012 End Date: 01/07/2013 Date of First Production this formation: 01/28/2013

Perforations Top: 7052 Bottom: 7285 No. Holes: 82 Hole size: 0.42

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): _____ 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:

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: 12/23/2012 End Date: 01/07/2013 Date of First Production this formation: 01/28/2013
Perforations Top: 7052 Bottom: 7062 No. Holes: 40 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

Set CIBP @ 7120'.
Frac'd the Niobrara with 250,140# 20/40 sand and 88,872 gals SLF. 01-07-13

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

Total fluid used in treatment (bbl): 526 Max pressure during treatment (psi): 7099
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.85
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): 526 Flowback volume recovered (bbl): 244
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250140 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: Sheilla Reed-High
Title: Drilling and Compl. Tech. Date: Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400410430	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)