

FORM
5A

Rev
02/08

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:

400273605

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: Jane Washburn

Phone: (720) 876-5431

Fax: (720) 876-6431

5. API Number 05-123-25624-00

7. Well Name: STATE PETERSON

8. Location: QtrQtr: NWNW Section: 20 Township: 5N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 11-20

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 01/04/2012Date of First Production this formation: 05/25/2005Perforations Top: 7050 Bottom: 7140 No. Holes: 150 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

CIBP was set above the J Sand @ 6665' on 1/4/2012 to refrac and test the NBRR-CD

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:

J Sand is TA to test the NBRR-CD

Date formation Abandoned: 01/04/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 6665 Sacks cement on top: _____FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 01/04/2012Date of First Production this formation: 07/22/2005Perforations Top: 6350 Bottom: 6630 No. Holes: 128 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara - Refrac'd 6350' – 6370' with 136,003 gal frac fluid and 250,840# sand (01-04-12)

Codell - Refrac'd 6618' – 6630' with 119,738 gal frac fluid and 249,480# sand (01-04-12)

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/15/2012 Hours: 3 Bbls oil: 22 Mcf Gas: 101 Bbls H2O: 12Calculated 24 hour rate: _____ Bbls oil: 176 Mcf Gas: 808 Bbls H2O: 96 GOR: 4591Test Method: FLOW Casing PSI: 593 Tubing PSI: 445 Choke Size: 64/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 54Tubing Size: 2 + 3/8 Tubing Setting Depth: 6610 Tbg setting date: 04/04/2012 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: _____

Comment:

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

Signed: _____

Print Name: Jane Washburn _____

Title: Operations Technologist _____

Date: _____

Email : jane.washburn@encana.com _____

Attachment Check List

Att Doc Num	Name
400273710	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)