

**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:
2287251

Date Received:
02/02/2012

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: <u>100185</u>	4. Contact Name: <u>JANE WASHBURN</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-27346-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SPRAGUE</u>	Well Number: <u>24-9</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>9</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7948 Bottom: 8000 No. Holes: 88 Hole size: _____

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

CIBP SET AT 7570' ON 10/30/2011. CFP SET @ 7345' ON 10/30/2011 AND DRILLED OUT 11/7/11. THE J-SAND IS TA TO TEST THE CD-NB.

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-CDL

Date formation Abandoned: 10/30/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7570 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/30/2011 Date of First Production this formation: _____

Perforations Top: 7302 Bottom: 7538 No. Holes: 120 Hole size: _____

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

NIOBRARA - FRAC'D 7302-7322 W/140,655 GAL FRAC FLUID AND 138,000 # SAND.
CODELL - FRAC'D 7518-7538 W/143,250 GAL FRAC FLUID AND 215,100 # SAND.
CIBP SET @ 7570 ON 10/30/2011. CBP SET @ 7345 ON 10/30/201 AND DRILLED OUT 11/7/2011

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/12/2011 Hours: 2 Bbls oil: 5 Mcf Gas: 35 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 60 Mcf Gas: 420 Bbls H2O: 120 GOR: 7000

Test Method: FLOWING Casing PSI: 150 Tubing PSI: 616 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1256 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7931 Tbg setting date: 11/07/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7570 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 TECH

Date: 1/25/2012

Email JANE.WASHBURN@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2287251	FORM 5A SUBMITTED
2287252	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)