

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2071361

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 4. Contact Name: SHEILLA REED-HIGH
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-31392-00 6. County: WELD
7. Well Name: DAVIS Well Number: 4-2-9
8. Location: QtrQtr: SWNW Section: 9 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7592</u> Bottom: <u>8302</u> No. Holes: <u>156</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
JSND-NBRR-CDL COMMINGLE: SET CBP @ 75200'. 8-18-10. DRILLED OUT CBP @ 7520', CFP @ 7730' AND CFP @ 7930' TO COMMINGLE THE JSND-NBRR-CDL. 8-19-10.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/29/2010</u> Hours: <u>23</u> Bbls oil: <u>107</u> Mcf Gas: <u>469</u> Bbls H2O: <u>88</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>112</u> Mcf Gas: <u>489</u> Bbls H2O: <u>92</u> GOR: <u>4366</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1575</u> Tubing PSI: <u>990</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: _____ BTU Gas: <u>1360</u> API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8263</u> Tbg setting date: <u>08/19/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: _____	

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: _____

Perforations Top: 8282 Bottom: 8302 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION: FRAC'D THE J-SAND WITH 152,249 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,160# 20/40 SAND 08-05-10

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: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: _____

Perforations Top: 7592 Bottom: 7836 No. Holes: 116 Hole size: _____

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

CDL-NBRR COMPLETION: SET CFP @ 7930'. 08-05-10. FRAC THE CODELL WITH 116,298 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,220# 20/40 SAND. 08-05-10. SET CFP @ 7730'. 08-05-10. FRAC NIOBRARA WITH 132,426 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,220# 20/40 SAND. 08-05-10.

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: _____

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: SHEILLA REED-HIGH

Title: OPERATIONS TECH

Date: 12/14/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 12/14/2010

Attachment Check List

Att Doc Num	Name
2071361	FORM 5A SUBMITTED
2071362	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)