

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



DE ET OE ES

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.

Document Number:

2588486

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-

5. API Number 05-123-33437-00 6. County: WELD
7. Well Name: FOSTER Well Number: 6-4-5X
8. Location: QtrQtr: SESE Section: 5 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

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

Perforations Top: 7910 Bottom: 8610 No. Holes: 156 Hole size: _____

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

JSND-CDL-NBRR COMMINGLE
SET CBP@ 7870'. 07/08/11. DRILLED OUT CBP@ 7870', CFP @ 8010' AND 8250' TO COMMINGLE THE JSND-CDL-NBRR.
07/09/11

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

Test Information:

Date: 07/21/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 407 Bbls H2O: 24

Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 407 Bbls H2O: 24 GOR: 8140

Test Method: FLOWING Casing PSI: 1582 Tubing PSI: 767 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1175 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8572 Tbg setting date: 07/09/2011 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: J SAND Status: PRODUCING

Treatment Date: 06/07/2011 Date of First Production this formation: _____

Perforations Top: 8592 Bottom: 8610 No. Holes: 36 Hole size: _____

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

J SAND COMPLETION

FRAC'D THE J-SAND 8592'-8610', (36 HOLES) W/153,296 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 248,380# 20/40 SAND. 06-07-11

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-CODELL Status: PRODUCING

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

Perforations Top: 7910 Bottom: 8172 No. Holes: 120 Hole size: _____

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

CDL-NBRR COMPLETION

SET CFP@8250'. 06-07-11. FRAC'D THE CODELL 8152'-8172' (40 HOLES) W/115,630 GAL 21# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,265# 20/40 SAND. 06-08-11

SET CFP@8010'. 06-08-11. FRAC'D THE NIOBRARA 7910'-7930' (80 HOLES) W/132,455 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,347# 20/40 SAND. 06/08/11

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 TECHNOLOGIST

Date: 8/30/2011

Email : SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2588486	FORM 5A SUBMITTED
2588487	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)