

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

Document Number:  
2071242

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: 80202-56  
4. Contact Name: SHEILLA REED-HIGH  
Phone: (720) 876-3678  
Fax: (720) 876-4678

5. API Number 05-123-30824-00  
6. County: WELD  
7. Well Name: SPRAGUE Well Number: 4-8-9  
8. Location: QtrQtr: SESW Section: 9 Township: 2N Range: 67W 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: 7378 Bottom: 8054 No. Holes: 160 Hole size:

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

JSND-CODL-NRR COMMINGLE. SET CBP 7200'. 08/04/2010. DRILLED OUT CP @ 7200', CFP @ 7500' AND 7700 TO COMMINGLE THE JSND-CODL-NBRR. 08/05/2010.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/10/2010 Hours: 24 Bbls oil: 19 Mcf Gas: 190 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 190 Bbls H2O: 21 GOR: 10000

Test Method: FLOWING Casing PSI: 1312 Tubing PSI: 512 Choke Size:

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8006 Tbg setting date: 08/07/2010 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: 07/13/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8026 Bottom: 8054 No. Holes: 40 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

J SAND COMPLETION. FRAC'D THE J SAND WITH 171,318 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,780# SAND. 07/13/2010.

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: 07/13/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7378 Bottom: 7616 No. Holes: 120 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

CODL-NBRR COMPLETION. SET CFP @ 7700'. 07/13/2010. FRAC'D THE CODELL WITH 110,208 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,700# 20/40 SAND. 07/13/2010. SET CFP @ 7500'. 07/13/2010. FRAC'D THE NIOBRARA WITH 136,626 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,520# 20/40 SAND. 07/13/2010.

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

Date: 9/15/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

:

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
2071242	FORM 5A SUBMITTED
2071243	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)