

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:

2071531

**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 05-014-20664-00 6. County: BROOMFIELD  
7. Well Name: SEARS Well Number: 22-26  
8. Location: QtrQtr: SENW Section: 26 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/01/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>8382</u> Bottom: <u>8398</u>	No. Holes: <u>32</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>J SAND COMPLETION. FRAC'D THE J SAND WITH 154,434 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,200# 20/40 SAND. 06-01-10</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/01/2010

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7580 Bottom: 7952 No. Holes: 160 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDL-NBRR COMPLETION: SET CFP @ 8060'. 06-01-10. FRAC'D THE CODELL WITH 109,368 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,080# 20/40 SAND. 06-01-10. SET CFP @ 7810'. 06-01-10. FRAC'D THE NIOBRARA WITH 133,972 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,560# 20/40 SAND. 06-01-10.

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: OPS TECHNOLOGIST Date: 12/8/2010 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 G. Neslin Director of COGCC Date: 12/14/2010**Attachment Check List**

Att Doc Num	Name
2071531	FORM 5A SUBMITTED
2071532	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)