

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
----	----	----	----

Document Number:

2565647

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 05-123-31575-00 6. County: WELD
7. Well Name: DAVIS Well Number: 2-4-9
8. Location: QtrQtr: SWNW Section: 9 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code:

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/04/2010</u>	Date of First Production this formation: <u></u>
Perforations Top: <u>7264</u> Bottom: <u>7984</u>	No. Holes: <u>156</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
JSND-NBRR-COMMINGLE: SET CBP @ 7160'. 08-16/10. DRILLED OUT CBP @ 7160', CFP @ 7380' AND CFP @ 7620' TO COMMINGLE THE JSND-CDL-NBRR. 08-17-10	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/28/2010</u> Hours: <u>23</u> Bbls oil: <u>167</u> Mcf Gas: <u>408</u> Bbls H2O: <u>59</u>	
Calculated 24 hour rate: Bbls oil: <u>174</u> Mcf Gas: <u>424</u> Bbls H2O: <u>61</u> GOR: <u>2437</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2035</u> Tubing PSI: <u>1282</u> Choke Size: <u></u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u></u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7943</u> Tbg setting date: <u>08/17/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/04/2010 Date of First Production this formation: _____

Perforations Top: 7966 Bottom: 7984 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION: FRAC'D TEH J-SAND WITH 153,678 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,480# 20/40 SAND. 08-04-10

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-CODELL Status: PRODUCING

Treatment Date: 08/04/2010 Date of First Production this formation: _____

Perforations Top: 7264 Bottom: 7516 No. Holes: 116 Hole size: _____

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

CDL-NBRR COMPLETION: SET CFP @ 7620'. 08-04-10. FRAC'D THE CODELL WITH 109,914 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 252,980# 20/40 SAND. SET CFP @ 7380'. 08-04-10. FRAC'D THE NIOBRARA WITH 139,944 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,380# 20/40 SAND. 08-04-10.

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: _____

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: 12/22/2010

Attachment Check List

Att Doc Num	Name
2565647	FORM 5A SUBMITTED
2565648	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)