

**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:

1635855

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 05-123-31760-00 6. County: WELD
7. Well Name: SEGAL Well Number: 8-2-24
8. Location: QtrQtr: SENE Section: 24 Township: 4N Range: 66W Meridian: 6
9. Field Name: HAMBERT Field Code: 33530

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: WAITING ON COMPLETION

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7004 Bottom: 7852 No. Holes: 352 Hole size: _____

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

JSND-CDL-NBRR COMPLETION.

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: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

DOWNHOLE PROBLEMS. WILL NOT PRODUCE UNTIL THE FALL OF 2011.

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>J SAND</u>		Status: <u>WAITING ON COMPLETION</u>	
Treatment Date: <u>12/30/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7790</u>	Bottom: <u>7852</u>	No. Holes: <u>84</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J SAND COMPLETION. FRAC'D THE J-SAND WITH 154,350 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,500 # 20/40 SAND. 12/30/2010.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>WAITING ON COMPLETION</u>	
Treatment Date: <u>12/30/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7004</u>	Bottom: <u>7324</u>	No. Holes: <u>268</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CDL-NBRR COMPLETION. SET CFP @ 7410'. 12/30/10. FRAC'D THE CODELL WITH 110,208 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,020 # 20/40 SAND. 12/30/10. SET CFP @ 7240'. 12/30/10. FRAC'D THE NIOBRARA "C" WITH 132,174 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,640 # 20/40 SAND. 12/30/10. SET CFP @ 7154'. 12/30/10. FRAC'D THE NIOBRARA "A" & "B" WITH 151,032 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,840 # 20/40 SAND. 12/30/10.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 4/28/2011 Email SHEILLA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
1635855	FORM 5A SUBMITTED
1635856	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PER S. R-H THIS WELL WILL NOT PRODUCE UNTIL FALL, NOT TESTED.	6/6/2011 11:52:51 AM
Permit	requesting test info	6/3/2011 12:10:46 PM

Total: 2 comment(s)