

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:

400171972

**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 05-123-31776-00 6. County: WELD  
7. Well Name: SEGAL Well Number: 4-0-24  
8. Location: QtrQtr: SEnw Section: 24 Township: 4N Range: 66W Meridian: 6  
9. Field Name: HAMBERT Field Code: 33530

Completed Interval

FORMATION: J SAND Status: WAITING ON COMPLETION

Treatment Date: 03/10/2011 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7076 Bottom: 7894 No. Holes: 312 Hole size: \_\_\_\_\_

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

JSND-CDL-NBBR COMPLETION. SET CBP @ 8400' 3/9/11. DRILLED OUR CBP @ 8400', @ 7154', @ 7240', @ 7410'. 3/10/11. WELL NOT TESTED AND WILL NOT PRODUCE UNTIL FALL 2011.

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:

WELL NOT TESTED AND WILL NOT PRODUCE UNTIL FALL 2011

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 TECH

Date: 4/28/2011

Email \_\_\_\_\_  
:

### **Attachment Check List**

Att Doc Num	Name
2072398	WELLBORE DIAGRAM
400171972	FORM 5A SUBMITTED

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)