

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:  
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  
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 05-123-31776-00  
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**

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

Total: 0 comment(s)