FORM 5A	State of Colorado	DE	ET	OE	ES

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

COMPLETED INTERVAL REPORT

DE	ET	OE	ES

Document Number:

2587460

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: JANE WASHBURN

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5431

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6431

City: DENVER   State: CO   Zip: 80202-

5. API Number   05-123-21014-00

6. County: WELD

7. Well Name: TWOMBLEY

Well Number: 32-4

8. Location: QtrQtr: Lot 2   Section: 4   Township: 1N   Range: 66W   Meridian: 6

9. Field Name: WATTENBERG   Field Code: 90750

Completed Interval

FORMATION: J SAND   **Status:** SHUT IN

Treatment Date: _____   Date of First Production this formation: _____

Perforations   Top: _____   Bottom: _____   No. Holes: _____   Hole size: _____

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

CIBP SET @ 7720 ON 05/10/2011 TO RECOMPLETE THE NBRR-CD. WILL BE DRILLED OUT AFTER TESTING PERIOD.

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: 7720   Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL   **Status:** PRODUCING

Treatment Date: 05/10/2011   Date of First Production this formation: _____

Perforations   Top: 7438   Bottom: 7538   No. Holes: 180   Hole size: 42/100

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

PERFED THE NBRR FROM 7438-7458, 4 SPF, 80 HOLES; FRAC'D WITH 146,160 GAL FRAC FLUID AND 249,920 # SAND. PERFED THE CD FROM 7670-7688, 7506-7538, 100 HOLES; FRAC'D WITH 115,920 GAL FRAC FLUID AND 249,920 # SAND. CIBP SET @ 7720 ON 05/10/2011; CBP SET @ 7490 ON 05/10/2011 AND DRILLED OUT 07/08/2011.

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: 07/13/2011   Hours: 14   Bbls oil: 66   Mcf Gas: 29   Bbls H2O: 80

Calculated 24 hour rate: Bbls oil: 113   Mcf Gas: 50   Bbls H2O: 137   GOR: 18

Test Method: FLOW TEST   Casing PSI: 1136   Tubing PSI: 226   Choke Size: 18/64

Gas Disposition: SOLD   Gas Type: DRY   BTU Gas: 2   API Gravity Oil: 45

Tubing Size: 2 + 3/8   Tubing Setting Depth: 7667   Tbg setting date: 07/11/2011   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: JANE WASHBURN

Attachment Check List

Att Doc Num	Name
2587460	FORM 5A SUBMITTED
2587461	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)