

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:

2587460

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: <u>100185</u>	4. Contact Name: <u>JANE WASHBURN</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-21014-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>TWOMBLEY</u>	Well Number: <u>32-4</u>
8. Location: QtrQtr: <u>Lot 2</u> Section: <u>4</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SANDStatus: 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-CODELLStatus: PRODUCINGTreatment Date: 05/10/2011 Date of First Production this formation: _____Perforations Top: 7438 Bottom: 7688 No. Holes: 180 Hole size: 42/100Provide 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: 80Calculated 24 hour rate: _____ Bbls oil: 113 Mcf Gas: 50 Bbls H2O: 137 GOR: 18Test Method: FLOW TEST Casing PSI: 1136 Tubing PSI: 226 Choke Size: 18/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 2 API Gravity Oil: 45Tubing 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

Title: OPERATIONS

Date: 7/13/2011

Email : JANE.WASHBURN@ENCANA.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)