

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:  
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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-  
4. Contact Name: RUTHANN MORSS  
Phone: (720) 876-5060  
Fax: (720) 876-6060

5. API Number 05-077-08925-00  
6. County: MESA  
7. Well Name: ORCHARD UNIT  
Well Number: 16-16 (P16OU)  
8. Location: QtrQtr: SESE Section: 16 Township: 8S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED  
Treatment Date: 05/03/2010 Date of First Production this formation: 07/30/2007  
Perforations Top: 9906 Bottom: 10250 No. Holes: 180 Hole size: 34/100  
Provide a brief summary of the formation treatment: Open Hole:   
SET CIBP @ 9480'  
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:  
PREPARING FOR MANCOS RECOMPLETION  
Date formation Abandoned: 05/03/2010 Squeeze:  Yes  No If yes, number of sacks cmt  
Bridge Plug Depth: 9480 Sacks cement on top: 2

FORMATION: FRONTIER Status: TEMPORARILY ABANDONED

Treatment Date: 05/03/2010 Date of First Production this formation: 07/30/2007

Perforations Top: 9721 Bottom: 9871 No. Holes: 28 Hole size: 34/100

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

SET CIBP @ 9480'

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: \_\_\_\_\_

PREPARE FOR MANCOS RECOMPLETION

Date formation Abandoned: 05/03/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 9480 Sacks cement on top: 2

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED

Treatment Date: 05/03/2010 Date of First Production this formation: 07/30/2007

Perforations Top: 8528 Bottom: 9425 No. Holes: 157 Hole size: 34/100

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

SET CIBP @ 8460'

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: \_\_\_\_\_

PREPARE FOR MANCOS RECOMPLETION

Date formation Abandoned: 05/03/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8460 Sacks cement on top: 2

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: RUTHANN.MORSS@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400207102	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)