

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:

2588373

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: 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 05-123-26408-00 6. County: WELD
7. Well Name: MILLER Well Number: 2-4-17
8. Location: QtrQtr: SWSW Section: 17 Township: 2N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7476 Bottom: 8140 No. Holes: 176 Hole size: _____

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

DRILLED OUT PLUGS SET @ 7540' AND 7760' ON 5/11/11. TUBING SET @ 7978 ON 5/12/11 AND THE JSND, NBRR AND CDL WERE COMMINGLED.

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 11/05/2007 Date of First Production this formation: _____

Perforations Top: 8102 Bottom: 8140 No. Holes: 48 Hole size: _____

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

Perf'd the J Sand from 8102-8110, 8124-8140 @ 2 spf. Frac'd the J Sand w/ 162,300 gal frac fluid and 238,880# 20/40 sand, 12,000# 12/20 Excell SB RCS

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/04/2011 Date of First Production this formation: _____

Perforations Top: 7476 Bottom: 7698 No. Holes: 128 Hole size: _____

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

NBRR-FRAC'D W/ 137,004 GAL FRAC FLUID WNAD 250,780# SAND.
CDL-FRAC'D W/ 114,576 GAL FRAC FLUID AND 251,240# SAND.
PLUGS SET ON 5/4/11 @ 7540' AND 7760'. DRILLED OUT ON 5/11/11.

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

Test Information:

Date: 05/08/2011 Hours: 10 Bbls oil: 9 Mcf Gas: 93 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: 22 Mcf Gas: 223 Bbls H2O: 14 GOR: 10000

Test Method: FLOW TEST Casing PSI: 806 Tubing PSI: 622 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7978 Tbg setting date: 05/12/2011 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: ENGINEERING TECHNOLOGIST Date: 8/29/2011 JANE.WASHBURN@GMAIL.COM

Email
:

Attachment Check List

Att Doc Num	Name
2588373	FORM 5A SUBMITTED
2588374	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)