

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:

2506677

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 05-123-21792-00 6. County: WELD
7. Well Name: NEIGHBORS Well Number: 13-12
8. Location: QtrQtr: SESW Section: 12 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

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

Perforations Top: 7384 Bottom: 8062 No. Holes: 276 Hole size: _____

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

CIBP SET @ 7660 ON 6/8/11 AND DRILLED OUT 6/21/11; CFP SET @ 7520 ON 6/8/11 AND DRILLED OUT 6/21/11.
TUBING SET @ 8033 ON 6/22/11. COMMINGLED 6/25/11.

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

Test Information:

Date: 06/27/2011 Hours: 3 Bbls oil: 13 Mcf Gas: 81 Bbls H2O: 9

Calculated 24 hour rate: _____ Bbls oil: 104 Mcf Gas: 648 Bbls H2O: 72 GOR: 6000

Test Method: FLOW TEST Casing PSI: 424 Tubing PSI: 253 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8033 Tbg setting date: 06/22/2011 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/06/2004 Date of First Production this formation: 09/18/2004

Perforations Top: 8040 Bottom: 8062 No. Holes: 44 Hole size:

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

Frac'd w/ 214,578 gal frac fluid containing 293,000# 20/40 sand

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: 06/08/2011 Date of First Production this formation:

Perforations Top: 7384 Bottom: 7615 No. Holes: 232 Hole size:

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

PERFED THE NBRR FROM 7384-7484, 4 SPDF, 144 HOLES; FRAC'D WITH 145278 GAL FRAC FLUID AND 250740# SAND. FRAC'D THE CD WITH 121716 GAL FRAC FLUID AND 251380# SAND. CIBP SET @ 7660 ON 6/8/11 AND DRILLED OUT 6/21/11; CFP SET @ 7520 ON 6/8/11 AND DRILLED OUT 6/21/11

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:

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 TECHNOLOGIST Date: 9/12/2011 JANE.WASHBURN@ENCANA.COM

Email
:

Attachment Check List

Att Doc Num	Name
2506677	FORM 5A SUBMITTED
2506678	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)