

**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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COMPLETED INTERVAL REPORT

Document Number:

2588179

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>05-123-22415-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STATE PETERSON</u>	Well Number: <u>22-20</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>20</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: SHUT IN

Treatment Date: 11/15/2004 Date of First Production this formation: _____

Perforations Top: 7034 Bottom: 7090 No. Holes: 70 Hole size: _____

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

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: 03/26/2011 Date of First Production this formation: _____

Perforations Top: 6375 Bottom: 6584 No. Holes: 172 Hole size: _____

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

NBRR - FRAC'D 6375'-6405 W/136,038 GAL FRAC FLUID AND 250,000 # SAND. CD - FRAC'D 6571'-6584' W/119,280 GAL FRAC FLUID AND 250,040# SAND. CFP SET @ 6470' ON 3/26/2011; DRILLED OUT ON 5/21/11. CIBP SET @ 6640' ON 3/26/2011.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/30/2011 Hours: 12 Bbls oil: 20 Mcf Gas: 140 Bbls H2O: 8

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 280 Bbls H2O: 16 GOR: 7000

Test Method: FLOWING Casing PSI: 656 Tubing PSI: 453 Choke Size: 16/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6538 Tbg setting date: 05/22/2011 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: _____

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: 8/17/2011 JANE.WASHBURN@ENCANA.COM

Email
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Attachment Check List

Att Doc Num	Name
2588179	FORM 5A SUBMITTED
2588180	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)