

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:

2588179

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: JANE WASHBURN

Phone: (720) 876-5431

Fax: (720) 876-6431

5. API Number 05-123-22415-00

7. Well Name: STATE PETERSON

8. Location: QtrQtr: SENW Section: 20 Township: 5N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 22-20

Completed Interval

FORMATION: J SANDStatus: SHUT INTreatment 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-CODELLStatus: PRODUCINGTreatment 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: 8Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 280 Bbls H2O: 16 GOR: 7000Test Method: FLOWING Casing PSI: 656 Tubing PSI: 453 Choke Size: 16/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 49Tubing 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 WASHBURNTitle: OPERATIONS Date: 8/17/2011 JANE.WASHBURN@ENCANA.COM

Email
:

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)