

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:

2588530

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: SHEILLA REED-HIGH  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678  
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-31204-00 6. County: WELD  
7. Well Name: FOSTER Well Number: 8-8-5  
8. Location: QtrQtr: SESE Section: 5 Township: 1N 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: 7732 Bottom: 8430 No. Holes: 138 Hole size: \_\_\_\_\_

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

JSND-CDL-NBRR COMMINGLE  
SET CBP @ 7690'. 06-24-11. DRILLED OUT CBP @ 7690'. CFP @ 7850' AND 8100' TO COMMINGLE THE JSND-CDL-NBRR.  
06-25-11

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

**Test Information:**

Date: 07/01/2011 Hours: 24 Bbls oil: 21 Mcf Gas: 234 Bbls H2O: 24

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 21 Mcf Gas: 234 Bbls H2O: 24 GOR: 11143

Test Method: FLOWING Casing PSI: 1684 Tubing PSI: 806 Choke Size: 23/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8405 Tbg setting date: 06/25/2011 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: 06/06/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8417 Bottom: 8430 No. Holes: 26 Hole size: \_\_\_\_\_

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

**J SAND COMPLETION**

FRAC'D THE J SAND 8417'-8430' (26 HOLES WITH 192,312 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 249,113# 20/40 SAND. 06-06-11.

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/10/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7732 Bottom: 7992 No. Holes: 112 Hole size: \_\_\_\_\_

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

**CDL-NBRR COMPLETION**

SET CFP @ 8100'. 06-09-11. FRAC'D THE CDL 7972'- 7992' (40HOLES) W/ 112,963 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 252,077# 20/40 SAND 06-10-11

SET CFP @ 7850' 06-10-11.

FRAC'D THE NBRR 7732' - 7750' (72 HOLES), W/ 135,114 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 258,972# 20/40 SAND. 06-10-11

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: SHEILLA D REED-HIGH

Title: OPERATIONS TECHNOLOGIST

Date: 8/29/2011

Email : SHEILLA.REEHIGH@ENCANA.COM

### **Attachment Check List**

Att Doc Num	Name
2588530	FORM 5A SUBMITTED
2588531	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)