

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:

2507669

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 05-123-23977-00

7. Well Name: SPRAGUE

8. Location: QtrQtr: NWSW Section: 9 Township: 2N Range: 67W Meridian: 6

9. Field Name: SPINDLE Field Code: 77900

6. County: WELD

Well Number: 13-9

### Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7278 Bottom: 7974 No. Holes: 228 Hole size: \_\_\_\_\_

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

CEP CIBP AT 7560' 1/28/11. DRILLED OUT 2/15/11. SEP CIBP @ 7360' 1/28/11. DRILLED OUT 2/14/11. COMMINGLED ON 2/17/11.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/22/2011 Hours: 23 Bbls oil: 25 Mcf Gas: 234 Bbls H2O: 20

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 26 Mcf Gas: 244 Bbls H2O: 21 GOR: 9385

Test Method: FLOWING Casing PSI: 665 Tubing PSI: 128 Choke Size: 22/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7912 Tbg setting date: 02/15/2011 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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 01/28/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7278 Bottom: 7536 No. Holes: 144 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐NIOBRARA - FRAC'D 154770 GAL FRAC FLUID AND 250920 # SAND  
CODELL - FRAC'D WITH 123270 GAL FRAC AND 251000 # SAND  
CET CIBP AT 7560' 1/28/11. DRILLED OUT 2/15/11. SET CIBP @ 7360' 1/28/11. DRILLED OUT ON 2/14/11.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: ENGINEERING TECHNOLOGIST

Date: 10/5/2011

Email JANE.WASHBURN@ENCANA.COM

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### Attachment Check List

Att Doc Num	Name
2507669	FORM 5A SUBMITTED
2507670	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)