

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:

400219931

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: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19845-00 6. County: GARFIELD
7. Well Name: SGU Well Number: 8509C-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 09/06/2021 Date of First Production this formation: 10/14/2011
Perforations Top: 8539 Bottom: 12298 No. Holes: 420 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
Stages 1-14 treated with a total of: 189,689 bbls of Slickwater.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1781 Bbls H2O: 110
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1781 Bbls H2O: 110 GOR: 0
Test Method: Flowing Casing PSI: 3563 Tubing PSI: 753 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 12297 Tbg setting date: 10/07/2011 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: Marina Ayala

Title: Permitting Technician Date: 11/1/2011 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400219931	FORM 5A SUBMITTED
400219933	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)