

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

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.

Document Number:

400225026

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: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-20211-00  
6. County: GARFIELD  
7. Well Name: KEINATH FEDERAL  
Well Number: 9-12H (C10OU)  
8. Location: QtrQtr: NENW Section: 10 Township: 8S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

### Completed Interval

FORMATION: MANCOSStatus: PRODUCINGTreatment Date: 09/05/2011Date of First Production this formation: 09/21/2011Perforations Top: 6330 Bottom: 8421 No. Holes: 300 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Stages 18-22 treated with a total of: 61,562 bbls of Slickwater, 349,620 lbs 100 Sand, 742,160 lbs 40-70 White.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6259 Bbls H2O: 538Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6259 Bbls H2O: 538 GOR: 0Test Method: Flowing Casing PSI: 2560 Tubing PSI: 1940 Choke Size: 28/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6238 Tbg setting date: 10/18/2011 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: NIOBRARAStatus: PRODUCINGTreatment Date: 09/05/2011Date of First Production this formation: 09/21/2011Perforations Top: 8880 Bottom: 14024 No. Holes: 1464 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Stges 1-17 treated with a total of: 133,935 bbls of Slickwater, 782,690 lbs 100 Sand, 1,175,540 lbs 40-70 White.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6259 Bbls H2O: 538Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6259 Bbls H2O: 538 GOR: 0Test Method: Flowing Casing PSI: 2560 Tubing PSI: 1940 Choke Size: 28/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6238 Tbg setting date: 10/18/2011 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 AyalaTitle: Permitting Technician Date: \_\_\_\_\_ Email: marina.ayala@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name             |
|-------------|------------------|
| 400225042   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)