

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2329931

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: JOYCE MCGOUGH
Phone: (720) 876-5296
Fax: (720) 876-6060

5. API Number 05-077-09309-00
6. County: MESA
7. Well Name: ORCHARD UNIT
Well Number: 20-4 (M17OU)
8. Location: QtrQtr: SWSW Section: 17 Township: 8S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: SHUT IN

Treatment Date: 09/13/2007 Date of First Production this formation: 09/28/2007
Perforations Top: 4998 Bottom: 5012 No. Holes: 14 Hole size: 34/100

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

STAGE 1 TREATED WITH A TOTAL OF 2377 BBLs OF LIGHTNING 18 AND 256,384 LBS 20-40 SAND.
COZZETTE PERFS TREATED AS PART OF STAGE 1. WELL IS CURRENTLY AWAITING FURTHER COMPLETION WORK

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

Test Information:

Date: 10/01/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 7
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: 7 GOR: 0
Test Method: FLOWING Casing PSI: 950 Tubing PSI: 600 Choke Size: 24
Gas Disposition: VENTED Gas Type: BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/4 Tubing Setting Depth: 4426 Tbg setting date: 09/29/2007 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:

Title: REGUALTORY ANALYST

Date: 10/30/2007

Email: JOYCE.MCGOUGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2329931	FORM 5A SUBMITTED
2329932	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)