

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:

2329949

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: RUTHANN MORSS

Phone: (720) 876-5060

Fax: (720) 876-6060

5. API Number 05-077-09239-00

7. Well Name: KNOX

8. Location: QtrQtr: NWSE Section: 14 Township: 8S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

6. County: MESA

Well Number: 14-9 (J14OU)

Completed Interval

FORMATION: COZZETTEStatus: ABANDONEDTreatment Date: 07/23/2011Date of First Production this formation: 10/26/2007Perforations Top: 6060 Bottom: 6082 No. Holes: 32 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐SET CBP TO TA AND RUN MITThis 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:

NOT PROFITABLE.Date formation Abandoned: 07/23/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 4380 Sacks cement on top: 2FORMATION: WILLIAMS FORKStatus: ABANDONEDTreatment Date: 07/23/2011Date of First Production this formation: 10/26/2007Perforations Top: 4460 Bottom: 5347 No. Holes: 68 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐SET CBP TO TA AND RUN MITThis 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:

NOT PROFITABLE.Date formation Abandoned: 07/23/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 4380 Sacks cement on top: 2

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: RUTHANN MORSSTitle: REGULATORYDate: 11/30/2011RUTHANN.MORSS@ENCANA.COM

Email
:

Attachment Check List

Att Doc Num	Name
2329949	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	refer to previously submitted WBD doc #2329950	1/6/2012 10:46:20 AM

Total: 1 comment(s)