

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:

2286023

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: JANE WASHBURN

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5431

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6431

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-24073-00

6. County: WELD

7. Well Name: DEVORE

Well Number: 6-0-34

8. Location: QtrQtr: NENE Section: 34 Township: 3N

Range: 66W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7230 Bottom: 7960 No. Holes: 316 Hole size: _____

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

PRODUCTION TUBING: 2 3/8 @ 7452'. CIBP SET AT 7520' AND CFP SET @ 7300' ON 8/7/11; BOTH DRILLED OUT ON 9/20/11. COMMINGLED ON 9/21/2011.

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

Date: 09/26/2011 Hours: 21 Bbls oil: 55 Mcf Gas: 255 Bbls H2O: 18

Calculated 24 hour rate: _____ Bbls oil: 63 Mcf Gas: 291 Bbls H2O: 21 GOR: _____

Test Method: FLOW Casing PSI: 905 Tubing PSI: 180 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7452 Tbg setting date: 09/20/2011 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: 08/07/2011 Date of First Production this formation: _____

Perforations Top: 7230 Bottom: 7466 No. Holes: 220 Hole size: _____

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

NIOBRARA REFRAC 7230'-7250' FRAC'D W/250,100# SAND IN 135,870 GAL FRAC FLUID 08/07/2011. CODELL REFRAC 7450'-7466' FRAC'D W/250,000# SAND IN 133,434 GAL FRAC FLUID 8/7/11.

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: OPERATIONS

Date: 11/11/2011

Email JANE.WASHBURN@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2286023	FORM 5A SUBMITTED
2286024	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)