

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:

400248907

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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-33259-00
6. County: WELD
7. Well Name: McPeek
Well Number: 14-10
8. Location: QtrQtr: SESW Section: 10 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/13/2011 Date of First Production this formation: 10/17/2011
Perforations Top: 7877 Bottom: 7897 No. Holes: 40 Hole size: 0.42

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

Frac'd the Codell 7877' - 7897' (40 holes) w/ 106,092 gal 22 # Vistar Hybrid cross linked gel containing 250,500 # 20/40 sand. 10-13-11 (Form re-submittal)

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 10/17/2011

Perforations Top: 7652 Bottom: 7897 No. Holes: 172 Hole size: 0.42

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

Set CBP @ 7500'. 11-22-11. Drilled out CBP @ 7500', CFP @ 7750' to commingle the NBRR-CDL. 11-23-11

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

Test Information:

Date: 12/27/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 387 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 26 Mcf Gas: 387 Bbls H2O: 12 GOR: 14885

Test Method: FLOWING Casing PSI: 255 Tubing PSI: 108 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1272 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7860 Tbg setting date: 11/23/2011 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 Status: COMMINGLED

Treatment Date: 10/13/2011 Date of First Production this formation: 10/17/2011

Perforations Top: 7652 Bottom: 7685 No. Holes: 132 Hole size: 0.42

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

Set CFP @ 7750'. 10-13-11. Frac'd the Niobrara 7652' – 7685' (132 holes), w/ 131,250 gals 18 # Vistar Hybrid cross linked gel containing 250,140 # 20/40 sand. 10-13-11

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:

Form re-submital.

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

Signed: _____ Print Name: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@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
400248946	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)