

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:

400248200

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: Jane Washburn
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-24250-00
6. County: WELD
7. Well Name: FRANCIS ARENS
Well Number: 4-6-15
8. Location: QtrQtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/26/2011 Date of First Production this formation:
Perforations Top: 7108 Bottom: 7126 No. Holes: 72 Hole size:

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

Frac'd 7108' - 7126' w/ 113,168 gal frac fluid and 220,000# sand.
CIBP set @ 7180 11/26/11.

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:

FORMATION: <u>J SAND</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>11/26/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7586</u>	Bottom: <u>7646</u>	No. Holes: <u>80</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CIBP set @ 7180' on 11-26-11 to refrac and test the NBRR-CDL.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
To test the NBRR-CDL.					
Date formation Abandoned: <u>11/26/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: <u>7180</u>		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: _____			
Perforations	Top: <u>6820</u>	Bottom: <u>7126</u>	No. Holes: <u>132</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>01/08/2012</u>	Hours: <u>24</u>	Bbls oil: <u>27</u>	Mcf Gas: <u>304</u>	Bbls H2O: <u>30</u>	
Calculated 24 hour rate:		Bbls oil: <u>27</u>	Mcf Gas: <u>304</u>	Bbls H2O: <u>30</u>	GOR: _____
Test Method: <u>flowing</u>	Casing PSI: <u>372</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>64</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7050</u>	Tbg setting date: <u>01/03/2012</u>	Packer Depth: _____		
Reason for Non-Production:					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/26/2011 Date of First Production this formation: _____

Perforations Top: 6820 Bottom: 6934 No. Holes: 60 Hole size: _____

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

Frac'd 6820'-6836', 6920'-6934' w/ 182,404 gal frac fluid and 249,480# sand.
CFP set @ 6990 on 11/26/11 and drilled out 1/3/12.

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 Technologist Date: _____ Email jane.washburn@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
400250658	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)