

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:

400247877

Date Received:

02/01/2012

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 05-123-24751-00
6. County: WELD
7. Well Name: PARKER
Well Number: 2-4-33
8. Location: QtrQtr: SENW Section: 33 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
-------------------	--------------------

Treatment Date: 12/05/2011	Date of First Production this formation:
----------------------------	--

Perforations Top: 7330	Bottom: 7350	No. Holes: 80	Hole size: 3 + 3/8
------------------------	--------------	---------------	--------------------

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

Frac'd w/ 134,530 gal frac fluid and 249,480 # sand

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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 12/05/2011 Date of First Production this formation: _____

Perforations Top: 7784 Bottom: 7812 No. Holes: 56 Hole size: _____

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

CIBP set @ 7410 and CFP set @ 7200 on 12/5/11. The J Sand is Temporarily Abandoned to test the NBRR-CDL.

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: _____

J Sand is TA to test the NBRR-CDL.

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7410 Sacks cement on top: _____

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 04/02/2007

Perforations Top: 7124 Bottom: 7350 No. Holes: 120 Hole size: _____

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

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

Test Information:

Date: 12/12/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 221 Bbls H2O: 18

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 221 Bbls H2O: 18 GOR: 5525

Test Method: Flowing Casing PSI: 331 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 53

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 Status: COMMINGLED

Treatment Date: 12/05/2011 Date of First Production this formation: _____

Perforations Top: 7124 Bottom: 7144 No. Holes: 40 Hole size: 3 + 3/8

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

Frac'd w/ 128,661 gal frac fluid and 250,940 # sand

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: 2/1/2012 Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400247877	FORM 5A SUBMITTED
400247966	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)