

**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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**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: <u>100185</u>	4. Contact Name: <u>SHEILLA REED-HIGH</u>
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>	Phone: <u>(720) 876-3678</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4678</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-33409-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PURITAN</u>	Well Number: <u>6-4-34</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>34</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

**Completed Interval**

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/11/2011 Date of First Production this formation: 12/13/2011

Perforations Top: 8284 Bottom: 8304 No. Holes: 40 Hole size: 43/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

J SAND COMPLETION. FRAC'D THE J-SAND 8284'-8304', (40 HOLES) W/69,510 GAL 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,720# 20/40 SAND. 09/11/11.

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/11/2011 Date of First Production this formation: 12/13/2011

Perforations Top: 7610 Bottom: 7850 No. Holes: 150 Hole size: 43/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

CDL-NBRR COMPLETION. SET CFP @ 7900'. 09/11/2011. FRAC'D THE CODELL 7837'-7858', (42 HOLES) W/91,392 GAL 22 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,180# 30/50 SAND. 09/11/11.  
SET CFP @ 7690'. 09/11/2011. FRAC'D THE NIOBRARA 7610'-7637', (108 HOLES) W/104,454 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,180# 30/50 SAND. 09/11/11.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/14/2011 Hours: 24 Bbls oil: 97 Mcf Gas: 332 Bbls H2O: 23

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 97 Mcf Gas: 332 Bbls H2O: 23 GOR: 3423

Test Method: FLOWING Casing PSI: 1185 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1246 API Gravity Oil: 51

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: SHEILLA REED-HIGH

Title: DRILLING & COMP. TECH

Date: 1/9/2012

Email: SHEILLA.REEDHIGH@ENCANA.COM

**Attachment Check List**

Att Doc Num	Name
2287150	FORM 5A SUBMITTED
2287151	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)