

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:
400263269

Date Received:

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>Jane Washburn</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-22408-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DINNER</u>	Well Number: <u>6-5-14</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>14</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: GREENHORN Status: TEMPORARILY ABANDONED

Treatment Date: 01/02/2012 Date of First Production this formation: _____
Perforations Top: 7370 Bottom: 7400 No. Holes: 60 Hole size: _____

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

CIBP was set @ 7310 on 1/2/2012.

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: _____

The Greenhorn is plugged back temporarily to test the Niobrara-Codell.

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: 01/02/2012 Date of First Production this formation: _____

Perforations Top: 6940 Bottom: 7266 No. Holes: 224 Hole size: _____

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

Frac'd Niobrara 6940' – 6960', 7040' -7060' w/ 157,290 gal fluid and 250,700# sand

Frac'd Codell 7250' – 7266', w/ 120,346 gal frac fluid and 251,400# sand

Set CIBP @ 7310' on 1/2/12. Set CFP @ 7120 on 1/2/12; drilled out 2/16/12.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/25/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 485 Bbls H2O: 16

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 485 Bbls H2O: 16 GOR: 24250

Test Method: Flow Casing PSI: 406 Tubing PSI: 262 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7231 Tbg setting date: 02/16/2012 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

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Attachment Check List

Att Doc Num	Name
400263327	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)