

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:
400263605

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: 100185 4. Contact Name: Sheilla Reed-High
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
 City: DENVER State: CO Zip: 80202-

5. API Number 05-014-20700-00 6. County: BROOMFIELD
 7. Well Name: CRANDELL Well Number: 4-6-26
 8. Location: QtrQtr: NWSW Section: 26 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/06/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 8334 Bottom: 8354 No. Holes: 40 Hole size: 0.42

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

Set CFP @ 8420'. 12-05-11
Frac'd the Codell 8334' - 8354', (40 holes) w/ 90,762 gal 22 # Vistar Hybrid cross linked gel containing 250,200 # 30/50 sand. 12-06-11

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: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: 02/06/2012
Perforations Top: 7903 Bottom: 8806 No. Holes: 236 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

Set CBP @ 7850'. 02-01-12
Drilled out CBP @ 7850', CFP @ 8170', CFP @ 8420' to commingle the JSND-NBRR-CDL. 02-02-12

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/09/2012 Hours: 24 Bbls oil: 58 Mcf Gas: 215 Bbls H2O: 96
Calculated 24 hour rate: _____ Bbls oil: 58 Mcf Gas: 215 Bbls H2O: 96 GOR: 3707
Test Method: FLOWING Casing PSI: 1508 Tubing PSI: 310 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1350 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8775 Tbg setting date: 02/04/2012 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 12/05/2011 Date of First Production this formation: 02/06/2012
Perforations Top: 8786 Bottom: 8806 No. Holes: 40 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd the J-Sand 8786'- 8806', (40 holes) w/ 60,732 gal 18 # Vistar Hybrid cross linked gel containing 235,393# 20/40 Sand. 12-05-11

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: 12/07/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 7903 Bottom: 8354 No. Holes: 196 Hole size: 0.42

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

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 Status: COMMINGLED

Treatment Date: 12/07/2011 Date of First Production this formation: 02/06/2012

Perforations Top: 7903 Bottom: 8108 No. Holes: 156 Hole size: 0.42

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

Set CFP @ 8170'. 12-07-11
Frac'd the Niobrara 7903' – 8108' (156 holes), w/ 108,948 gals 18 # Vistar
Hybrid cross linked gel containing 250,200# 30/50 sand. 12-07-11

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: _____

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

Attachment Check List

Att Doc Num	Name
400264572	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)