

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:
400265257

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

5. API Number 05-123-24166-00 6. County: WELD
 7. Well Name: WARDELL Well Number: 6-8-7
 8. Location: QtrQtr: SWSE Section: 7 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/21/2012 Date of First Production this formation: _____

Perforations Top: 7114 Bottom: 7892 No. Holes: 202 Hole size: _____

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

Plugs were drilled out on 2/21/12 and the J Sand, Niobrara and Codell were commingled.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/26/2012 Hours: 24 Bbls oil: 11 Mcf Gas: 377 Bbls H2O: 7

Calculated 24 hour rate: _____ Bbls oil: 11 Mcf Gas: 377 Bbls H2O: 7 GOR: 34272

Test Method: Flow Casing PSI: 667 Tubing PSI: 423 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7819 Tbg setting date: 02/21/2012 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: COMMINGLED

Treatment Date: 02/21/2012 Date of First Production this formation: _____

Perforations Top: 7848 Bottom: 7892 No. Holes: 72 Hole size: _____

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

CIBP @ 7440 was drilled out. The J Sand is no longer TA; producing with the Niobrara-Codell.

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: COMMINGLED

Treatment Date: 02/21/2012 Date of First Production this formation: _____

Perforations Top: 7114 Bottom: 7410 No. Holes: 130 Hole size: _____

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

Plugs drilled out 2/21/12.

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

Attachment Check List

Att Doc Num	Name
400266552	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)