

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:

400269173

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 05-123-32703-00 6. County: WELD
7. Well Name: COSSLETT Well Number: 42-22
8. Location: QtrQtr: SENE Section: 22 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7817 Bottom: 8451 No. Holes: 156 Hole size: 0.42

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

Drilled out CFP's to commingle the JSND-NBRR. 03-23-12

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

Test Information:

Date: 03/29/2012 Hours: 24 Bbls oil: 31 Mcf Gas: 197 Bbls H2O: 73

Calculated 24 hour rate: _____ Bbls oil: 31 Mcf Gas: 197 Bbls H2O: 73 GOR: 6355

Test Method: FLOWING Casing PSI: 1662 Tubing PSI: 104 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1230 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8400 Tbg setting date: 03/23/2012 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: 01/03/2012 Date of First Production this formation: _____

Perforations Top: 8431 Bottom: 8451 No. Holes: 40 Hole size: 0.42

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

Frac'd the J-Sand 8431'– 8451', (40 holes) w/ 64,638 gal 18 # pHaserFrac Hybrid cross linked gel containing 250,000# 20/40 Sand. 01-03-12

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: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/03/2012 Date of First Production this formation: _____

Perforations Top: 7856 Bottom: 7837 No. Holes: 116 Hole size: 0.42

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

Set CFP @ 7890'. 01-03-12
Frac'd the Niobrara 7656' – 7837' (116 holes), w/ 99,120 gals 18 # pHaserFrac Hybrid cross linked gel containing 250,500 # 20/40 sand. 01-03-12

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: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: _____ sheilla.reedhigh@Encana.com

Email
:

Attachment Check List

Att Doc Num	Name
400269249	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)