

**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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2286864

Date Received:
01/12/2012

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.

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|--|---------------------------------------|
| 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> | |

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|--|---------------------------|
| 5. API Number <u>05-123-20256-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>DOWDY</u> | Well Number: <u>33-10</u> |
| 8. Location: QtrQtr: <u>NWSE</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

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

Perforations Top: 7598 Bottom: 7660 No. Holes: 120 Hole size: _____

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

CIBP SET AT 7190' 10/14/2011. THE J-SAND IS TA IN ORDER TO TEST THE NBRR/CD.

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: _____

J-SAND IS TA TO TEST THE NBRR/CD.

Date formation Abandoned: 10/14/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7190 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/14/2011 Date of First Production this formation: _____

Perforations Top: 6883 Bottom: 7155 No. Holes: 178 Hole size: _____

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

NIOBRARA PERFS - 6883-6920', 4 SPF, 148 HOLES. FRAC'D W/138,455 GALS FRAC FLUID AND 250,425 # SAND (10/14/2011). CODELL PERFS - 7140'-7155', 2 SPF, 30 HOLES. FRAC'D W/116,563 GALS FLUID AND 250,425# SAND (10/14/2011). CIBP SET AT 7190' 10/13/2011. CFP SET @ 6970' 10/14/2011,

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/20/2011 Hours: 24 Bbls oil: 45 Mcf Gas: 289 Bbls H2O: 45

Calculated 24 hour rate: _____ Bbls oil: 45 Mcf Gas: 289 Bbls H2O: 45 GOR: _____

Test Method: FLOWING Casing PSI: 690 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 50

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: 7190 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

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2286864 | FORM 5A SUBMITTED |
| 2286865 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)