

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 05-123-24590-00

6. County: WELD

7. Well Name: ECHEVERRIA

Well Number: 2-8-2

8. Location: QtrQtr: SESW Section: 2 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: \_\_\_\_\_ Date of First Production this formation: 03/28/2007Perforations Top: 7922 Bottom: 7980 No. Holes: 50 Hole size: \_\_\_\_\_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: \_\_\_\_\_

J Sand plugged back to test the Niobrara-CodellDate formation Abandoned: 01/07/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7545 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 01/07/2012 Date of First Production this formation: 03/28/2007Perforations Top: 7262 Bottom: 7495 No. Holes: 104 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐Niobrara Refrac  
Frac'd 7262' – 7282' with 137,626 gal frac fluid and 252,100# sand. 01/07/12Codell Refrac  
Frac'd 7479' – 7495' with 137,432 gal frac fluid and 251,560# sand. 01/07/12This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/03/2012 Hours: 4 Bbls oil: 18 Mcf Gas: 113 Bbls H2O: 16Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 108 Mcf Gas: 678 Bbls H2O: 96 GOR: 6278Test Method: FLOW Casing PSI: 1061 Tubing PSI: 365 Choke Size: 28/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 50Tubing Size: 2 + 3/8 Tubing Setting Depth: 7462 Tbg setting date: 02/23/2012 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: \_\_\_\_\_

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

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)