

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400274380

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: <u>100185</u>	4. Contact Name: <u>Jane Washburn</u>
2. Name of Operator: <u>ENCANA OIL &amp; 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>	

5. API Number <u>05-123-24590-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ECHEVERRIA</u>	Well Number: <u>2-8-2</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>2</u> Township: <u>2N</u> Range: <u>67W</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: 03/28/2007

Perforations 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-Codell

Date formation Abandoned: 01/07/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7545 Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/07/2012 Date of First Production this formation: 03/28/2007

Perforations 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. 01/07/12

Codell Refrac  
Frac'd 7479' – 7495' with 137,432 gal frac fluid and 251,560# sand. 01/07/12

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/03/2012 Hours: 4 Bbls oil: 18 Mcf Gas: 113 Bbls H2O: 16

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 108 Mcf Gas: 678 Bbls H2O: 96 GOR: 6278

Test Method: FLOW Casing PSI: 1061 Tubing PSI: 365 Choke Size: 28/64

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

Tubing 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  
:

**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)