

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:

400277608

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 05-123-17955-00 6. County: WELD
7. Well Name: NORRIS 'A' UNIT Well Number: 2
8. Location: QtrQtr: SWSW Section: 32 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/09/2012 Date of First Production this formation: 01/13/1995

Perforations Top: 7064 Bottom: 7091 No. Holes: 108 Hole size:

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

Codell Refrac
Perf 7064-7091, 4 spf, 108 holes
Frac'd w/ 118,768 gal frac fluid with 250,340 # sand (1/9/12)

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: J-NIOBRARA-CODELLStatus: COMMINGLED

Treatment Date: _____

Date of First Production this formation: 03/29/1994Perforations Top: 6784 Bottom: 7564 No. Holes: 228 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/06/2012 Hours: 2 Bbls oil: 5 Mcf Gas: 36 Bbls H2O: 11Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 346 Bbls H2O: 106 GOR: 7208Test Method: Flow Casing PSI: 427 Tubing PSI: 221 Choke Size: 64/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 7479 Tbg setting date: 02/17/2012 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: NIOBRARAStatus: PRODUCINGTreatment Date: 01/09/2012Date of First Production this formation: 01/13/1995Perforations Top: 6784 Bottom: 6975 No. Holes: 84 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐Niobrara Trifrac
Frac 6784-6975, 84 holes, w 136,154 gal frac fluid w 250340 # sand (1/9/12)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 WashburnTitle: Operations Technologist Date: _____ Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400277804	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)