

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:
400279165

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 05-123-24154-00 6. County: WELD
 7. Well Name: DINNER Well Number: 8-6-14
 8. Location: QtrQtr: SESE Section: 14 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/10/2012 Date of First Production this formation: 03/21/2007

Perforations Top: 7314 Bottom: 7330 No. Holes: 64 Hole size: _____

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

Codell Refrac
Frac Codell, 7314' - 7330' with 117,994 gal frac fluid and 250,470# sand. 01-10-12

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-CODELL Status: COMMINGLED

Treatment Date: 02/27/2012 Date of First Production this formation: 03/21/2007

Perforations Top: 6998 Bottom: 7844 No. Holes: 220 Hole size: _____

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

CIBP set @ 7390' on 01-10-12 to refrac the CD and NBRR. Plug was drilled out 02-27-12, tubing set and the J-Niobrara-Codell commingled.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 25 Mcf Gas: 245 Bbls H2O: 18

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 245 Bbls H2O: 18 GOR: 9800

Test Method: Flow Casing PSI: 510 Tubing PSI: 232 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7774 Tbg setting date: 02/28/2012 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: NIOBRARA Status: PRODUCING

Treatment Date: 01/22/2012 Date of First Production this formation: 03/21/2007

Perforations Top: 6998 Bottom: 7122 No. Holes: 68 Hole size: _____

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

Niobrara Refrac
Frac Niobrara 6998' - 7122' with 133,937 gal frac fluid and 250,130 # sand. 01-22-12

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 Washburn

Title: Operations Technologist

Date: _____

Email jane.washburn@encana.com

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Attachment Check List

Att Doc Num	Name
400279476	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)