

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Jane Washburn
Phone: (720) 876-5431
Fax: (720) 876-6431

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: <u>J-NIOBRARA-CODELL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/27/2012</u>		Date of First Production this formation: <u>03/21/2007</u>			
Perforations	Top: <u>6998</u>	Bottom: <u>7844</u>	No. Holes: <u>220</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: <u>24</u>	Bbls oil: <u>25</u>	Mcf Gas: <u>245</u>	Bbls H2O: <u>18</u>	
Calculated 24 hour rate:		Bbls oil: <u>25</u>	Mcf Gas: <u>245</u>	Bbls H2O: <u>18</u>	GOR: <u>9800</u>
Test Method: <u>Flow</u>		Casing PSI: <u>510</u>	Tubing PSI: <u>232</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>63</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7774</u>	Tbg setting date: <u>02/28/2012</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>01/22/2012</u>		Date of First Production this formation: <u>03/21/2007</u>			
Perforations	Top: <u>6998</u>	Bottom: <u>7122</u>	No. Holes: <u>68</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>Jane Washburn</u>

Title: Operations Technologist

Date:

Email : jane.washburn@encana.com

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)