

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:

2287146

Date Received:

02/27/2012

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: SHEILLA REED-HIGH
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-31774-00 6. County: WELD
7. Well Name: SEGAL Well Number: 4-2-24
8. Location: QtrQtr: SENW Section: 24 Township: 4N Range: 66W Meridian: 6
9. Field Name: HAMBERT Field Code: 33530

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 02/14/2011

Perforations Top: 6898 Bottom: 7730 No. Holes: 260 Hole size: _____

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

JSND-NBRR-CDL COMMINGLE. DRILLED OUT CFP @ 7100'. 12/06/11 DRILLED OUT CFP @ 7300', TO COMMINGLE THE JSND-CDL-NBRR. 12/07/11.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 12/24/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 551 Bbls H2O: 105

Calculated 24 hour rate: _____ Bbls oil: 22 Mcf Gas: 551 Bbls H2O: 105 GOR: 2505

Test Method: FLOWING Casing PSI: 1357 Tubing PSI: 925 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1194 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7666 Tbg setting date: 12/07/2011 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: SHEILLA REED-HIGH

Title: DRILLING & COMP. TECH Date: 1/22/2012 Email SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2287146 | FORM 5A SUBMITTED |
| 2287147 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | On hold for missing data: setting of plug; production and dates. | 5/3/2012 1:11:21 PM |

Total: 1 comment(s)