

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:

2332595

Date Received:

05/17/2012

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

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: RUTHANN MORSS

Phone: (720) 876-5060

Fax: (720) 876-6060

5. API Number 05-045-07841-00

7. Well Name: COUEY

8. Location: QtrQtr: NWNE Section: 31 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

6. County: GARFIELD

Well Number: 31-8 (B31)

### Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>10/20/2001</u>		Date of First Production this formation: <u>12/05/2001</u>		
Perforations	Top: <u>7260</u>	Bottom: <u>7301</u>	No. Holes: <u>12</u>	Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
STAGES 01 A TREATED WITH A TOTAL: 1409 BBLS SLICKWATER AND 150208# 20/40 WHITE SAND				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>12/06/2002</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1822</u>	Bbls H2O: <u>272</u>
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbls H2O: <u>          </u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1100</u>	Tubing PSI: <u>975</u>	Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6214</u>	Tbg setting date: <u>05/13/2002</u>	Packer Depth: <u>          </u>	
Reason for Non-Production:				
<div></div>				
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>		

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>11/02/2001</u>		Date of First Production this formation: <u>12/05/2001</u>		
Perforations	Top: <u>5263</u>	Bottom: <u>7207</u>	No. Holes: <u>72</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
STAGES 01-05, TREATED WITH A TOTAL: 19057 BBLS SLICKWATER AND 854992# 20/40 WHITE SAND				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>12/06/2002</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1822</u>	Bbls H2O: <u>272</u>
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>          </u>	Bbls H2O: <u>          </u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1100</u>	Tubing PSI: <u>975</u>	Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6214</u>	Tbg setting date: <u>05/13/2002</u>	Packer Depth: <u>          </u>	
Reason for Non-Production:				
<div></div>				
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>		

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST                      Date: 5/9/2012                      RUTHANN.MORSS@ENCANA.COM

Email  
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### **Attachment Check List**

Att Doc Num	Name
2332595	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)