

**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:  
2332596

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: <u>100185</u>	4. Contact Name: <u>RUTHANN MORSS</u>
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>	Phone: <u>(720) 876-5060</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6060</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-07842-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>COUEY</u>	Well Number: <u>31-7 (B31)</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>31</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

**Completed Interval**

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 05/10/2002 Date of First Production this formation: 07/29/2002

Perforations Top: 7138 Bottom: 7252 No. Holes: 28 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

STAGES 1 TREATED WITH A TOTAL OF: 2803 BBLs OF VIKING 32, 285000 LBS WHITE 20/40 SAND

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/29/2002 Hours: 24 Bbls oil: 1 Mcf Gas: 1033 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1033 Bbls H2O: 1 GOR: 10330

Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1150 Choke Size: 24

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6218 Tbg setting date: 07/25/2002 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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 05/17/2002 Date of First Production this formation: 07/29/2002

Perforations Top: 5030 Bottom: 7048 No. Holes: 118 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

STAGES 2-7 TREATED WITH A TOTAL OF: 32925 BBLs OF SLICKWATER, 1414000 LBS WHITE 20/40 SAND.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/29/2002 Hours: 24 Bbls oil: 1 Mcf Gas: 1033 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1033 Bbls H2O: 1 GOR: 10330

Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1150 Choke Size: 24

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6218 Tbg setting date: 07/25/2002 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: RUTHANN MORSS

Title: REGULATORY ANALYST Date: 5/8/2012 RUTHANN.MORSS@ENCANA.COM

Email  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
2332596	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)