

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:

2332593

Date Received:

05/18/2012

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

5. API Number 05-045-12472-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: 12-7C (OG12)  
8. Location: QtrQtr: SWNE Section: 12 Township: 8S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 10/26/2006 Date of First Production this formation: 12/02/2006

Perforations Top: 5028 Bottom: 5032 No. Holes: 8 Hole size: 34/100

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

STAGES 01 COZZETTE TREATED WITH A TOTAL OF: 4402 BBLS OF SLICWATER, 172111 LBS 20-40 20/40 WHITE SAND

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

**Test Information:**

Date: 12/02/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 515 Bbls H2O: 121

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 515 Bbls H2O: 121 GOR: 0

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 275 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4208 Tbg setting date: 11/22/2006 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: CORCORAN Status: PRODUCING

Treatment Date: 10/26/2006 Date of First Production this formation: 12/02/2006

Perforations Top: 5028 Bottom: 5032 No. Holes: 8 Hole size: 34/100

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

STAGES 01 CORCORAN TREATED WITH A TOTAL OF: 2201 BBLS SLICKWATER, 86055 LBS 20-40 WHITE SAND

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

**Test Information:**

Date: 12/02/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 515 Bbls H2O: 121

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 515 Bbls H2O: 121 GOR: 0

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 275 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4208 Tbg setting date: 11/22/2006 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: 10/26/2006 Date of First Production this formation: 12/02/2006

Perforations Top: 3374 Bottom: 4405 No. Holes: 64 Hole size: 34/100

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

STAGES 02-04 TREATED WITH A TOTAL OF: 11766 BBLS OF SLICKWATER, 438594 LBS 20-40 20/40 WHITE SAND

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

**Test Information:**

Date: 12/02/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 515 Bbls H2O: 121

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 515 Bbls H2O: 121 GOR: 0

Test Method: FLWOING Casing PSI: 500 Tubing PSI: 275 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4208 Tbg setting date: 11/22/2006 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: 4/30/2012 Email: RUTHANN.MORSS@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
2332593	FORM 5A SUBMITTED
2332594	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)