

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:

400285294

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

5. API Number 05-123-20723-00 6. County: WELD  
7. Well Name: ION Well Number: 13-2  
8. Location: QtrQtr: NWSW Section: 2 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/22/2012 Date of First Production this formation: 03/24/2003

Perforations Top: 7504 Bottom: 7521 No. Holes: 68 Hole size:

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

Codell Tri-frac  
Frac'd 7504-7521 with 116,602 gal frac fluid containing 248,147# sand. 01-22-12

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: J-NIOBRARA-CODELLStatus: COMMINGLED

Treatment Date: \_\_\_\_\_

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7270 Bottom: 7986 No. Holes: 266 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/14/2012 Hours: 23 Bbls oil: 15 Mcf Gas: 132 Bbls H2O: 21Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 37 Mcf Gas: 138 Bbls H2O: 22 GOR: 3730Test Method: Flow Casing PSI: 780 Tubing PSI: 226 Choke Size: 14/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 7904 Tbg setting date: 04/04/2012 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: NIOBRARAStatus: PRODUCINGTreatment Date: 01/22/2012 Date of First Production this formation: 05/22/2008Perforations Top: 7270 Bottom: 7289 No. Holes: 64 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐Niobrara Refrac  
Frac'd 7270' - 7286' with 145,254 gal frac fluid containing 272,032# sand. 01-22-12This 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: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Jane WashburnTitle: Operations Technologist Date: \_\_\_\_\_ Email: jane.washburn@encana.com

### Attachment Check List

Att Doc Num	Name
400285402	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)