

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:

400289654

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
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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-014-20712-00
6. County: BROOMFIELD
7. Well Name: BURY CRANDELL
Well Number: 6-0-23
8. Location: QtrQtr: NENE Section: 23 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/05/2012 Date of First Production this formation: _____
Perforations Top: 7989 Bottom: 8009 No. Holes: 40 Hole size: 0.42

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

Set CFP @ 8060'. 03-02-12
Frac'd the Codell 7,989' - 8,009' (40 holes) w/ 61,886 gal 22# pHaser Hybrid cross
linked gel containing 152,560 # 30/50 sand. 03-05-12

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: 7602 Bottom: 8466 No. Holes: 218 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7570'. 04-03-12

Drilled out CBP @ 7570', CFP @ 7810', CFP @ 8060' to commingle the JSND-NBRR-CDL. 04-04-12

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/20/2012 Hours: 24 Bbls oil: 48 Mcf Gas: 273 Bbls H2O: 25Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 273 Bbls H2O: 25 GOR: 5688Test Method: FLOWING Casing PSI: 1309 Tubing PSI: 561 Choke Size: 14/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1308 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 8420 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: J SANDStatus: PRODUCINGTreatment Date: 03/01/2012

Date of First Production this formation: _____

Perforations Top: 8441 Bottom: 8466 No. Holes: 50 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the J-Sand 8441'-8466', (50 holes)w/ 68,250 gal 18 # pHaser Hybrid cross linked gel containing 250,080 # 20/40 Sand. 03-01-12

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/05/2012 Date of First Production this formation: _____
Perforations Top: 7602 Bottom: 8009 No. Holes: 168 Hole size: 0.42

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

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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/05/2012 Date of First Production this formation: _____
Perforations Top: 7602 Bottom: 7770 No. Holes: 128 Hole size: 0.42

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

Set CFP @ 7810'. 03-05-12
Frac'd the Niobrara 7,602' – 7,770' (128 holes), w/ 63,840 gals 18 # pHaser Hybrid cross
linked gel containing 149,800 # 30/50 sand. 03-05-12

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: _____

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 and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com
:

Attachment Check List

Att Doc Num	Name
400289666	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)