

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:

400269573

Date Received:

04/08/2012

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: Sheilla Reed-High
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-32702-00 6. County: WELD
7. Well Name: COSSLETT Well Number: 8-2-22
8. Location: QtrQtr: SENE Section: 22 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/27/2011 Date of First Production this formation: _____

Perforations Top: 8098 Bottom: 8118 No. Holes: 40 Hole size: 0.42

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

Set CFP @ 8160'. 12-27-11
Frac'd the Codell 8098' - 8118', (40 holes) w/ 89,670 gal 22 # pHaserFrac Hybrid cross
linked gel containing 252,270 # 30/50 sand. 12-27-11

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: 7842 Bottom: 8572 No. Holes: 196 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7582. 03-22-12.

Drilled out CBP @ 7582', CFP @ 8160', CFP @ 7910' to commingle the JSND-NBRR-CDL. 03-22-12

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/26/2012 Hours: 24 Bbls oil: 135 Mcf Gas: 266 Bbls H2O: 103Calculated 24 hour rate: Bbls oil: 135 Mcf Gas: 266 Bbls H2O: 103 GOR: 1970Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 817 Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1230 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 8523 Tbg setting date: 03/22/2012 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: 12/27/2011

Date of First Production this formation: _____

Perforations Top: 8552 Bottom: 8572 No. Holes: 40 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the J-Sand 8552'- 8572', (40 holes) w/ 64,722 gal 18 # pHaserFrac Hybrid cross linked gel containing 250,520# 20/40 Sand. 12-27-11

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: 12/27/2011

Date of First Production this formation:

Perforations Top: 7682 Bottom: 8118 No. Holes: 156 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: 12/27/2011

Date of First Production this formation:

Perforations Top: 7682 Bottom: 7862 No. Holes: 116 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CFP @ 7910'. 12-27-11
Frac'd the Niobrara 7682' – 7862' (116 holes), w/ 99,078 gals 18 # pHaserFrac Hybrid
cross linked gel containing 252,270# 30/50 sand. 12-27-11

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: 4/8/2012 Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400269573	FORM 5A SUBMITTED
400269574	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)