

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:

400269297

Date Received:

04/07/2012

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 05-123-32736-00 6. County: WELD
7. Well Name: COSSLETT Well Number: 6-4-22
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: 12/20/2011 Date of First Production this formation: _____
Perforations Top: 8136 Bottom: 8156 No. Holes: 40 Hole size: 0.42

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

Set CFP @ 8190'. 12-20-11
Frac'd the Codell 8136' - 8156', (40 holes) w/ 88,368 gal 22 # pHaserFrac Hybrid cross
linked gel containing 251,640 # 30/50 sand. 12-20-11

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: 7737 Bottom: 8568 No. Holes: 220 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7650'. 03-28-12

Drilled out CBP @ 7650', CFP's @ 7970', 8190' to commingle the JSND-NBRR-CDL. 03-28-12

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/01/2012 Hours: 24 Bbls oil: 38 Mcf Gas: 833 Bbls H2O: 105Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 833 Bbls H2O: 105 GOR: 21921Test Method: FLOWING Casing PSI: 1546 Tubing PSI: 878 Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1230 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 8530 Tbg setting date: 03/27/2012 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: 12/19/2011

Date of First Production this formation: _____

Perforations Top: 8546 Bottom: 8568 No. Holes: 44 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the J-Sand 8546'– 8568', (44 holes) w/ 62,748 gal 18 # pHaserFrac Hybrid cross linked gel containing 250,300# 20/40 Sand. 12-20-11

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-CODELLStatus: PRODUCINGTreatment Date: 12/20/2011

Date of First Production this formation: _____

Perforations Top: 7737 Bottom: 8156 No. Holes: 176 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 12/20/2011

Date of First Production this formation: _____

Perforations Top: 7737 Bottom: 7934 No. Holes: 136 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CFP @ 7970'. 12-20-11
Frac'd the Niobrara 7737' – 7934' (136 holes), w/ 99,708 gals 18 # pHaserFrac Hybrid
cross linked gel containing 250,000# 30/50 sand. 12-20-11

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-HighTitle: Drilling and Compl. Tech. Date: 4/7/2012 Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400269297	FORM 5A SUBMITTED
400269541	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)