

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:

400288166

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: Jane Washburn
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-20050-00
6. County: WELD
7. Well Name: IONE
Well Number: 14-4
8. Location: QtrQtr: SWSW Section: 4 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 02/09/2012 Date of First Production this formation: 11/19/2001

Perforations Top: 7394 Bottom: 7412 No. Holes: 72 Hole size:

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

Set @ 7470' on 02-06-12; released on 3/20/12
Refrac 7394' - 7412 w/ 120,445 gal frac fluid and 250,220 # sand. (2/9/12)

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: 7162 Bottom: 7900 No. Holes: 244 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/01/2012 Hours: 4 Bbls oil: 3 Mcf Gas: 100 Bbls H2O: 1Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 600 Bbls H2O: 6 GOR: 33333Test Method: Flow Casing PSI: 468 Tubing PSI: 380 Choke Size: 64/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 56Tubing Size: 2 + 3/8 Tubing Setting Depth: 7801 Tbg setting date: 03/21/2012 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: 02/09/2012

Date of First Production this formation: _____

Perforations Top: 7162 Bottom: 7182 No. Holes: 40 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole: ☐RFP set @ 7240' on 02-09-12; released on 3/8/12
Refrac 7162-7182 w/137,159 gal frac fluid and 251,120 # sand (2/9/12)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: Jane WashburnTitle: Operations Technologist Date: _____ Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400288687	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)