

FORM  
5A

Rev  
06/12

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:

400484555

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: Judith Walter  
Phone: (720) 876-3702  
Fax: (720) 876-4702

5. API Number 05-045-06305-00  
6. County: GARFIELD  
7. Well Name: COWPERTHWAITA  
Well Number: 2-6 LW  
8. Location: QtrQtr: SWNW Section: 6 Township: 8S Range: 97W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: CORCORAN Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 4028 Bottom: 4129 No. Holes: 10 Hole size: 0.39

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

50,000 gals gelwater, 100,000 # sand, & 30 tons Co2.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: Corcoran (initial zone completed later abandoned) per operator Coors Energy Company

Date formation Abandoned: 05/20/1981 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 2820 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 2342 Bottom: 2362 No. Holes: 11 Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐

500 gallons of acid as reported by Coors Energy Company, 5/29/1981.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

COA of the MIT run 9/14/2011 to file Form 5 (Doc 400484349) with cement tickets for casing repair.  
Wanted a current wellbore diagram and documentation for Williams Fork formation that we have been producing from.

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

Signed: Print Name: Judith Walter  
Title: Regulatory Analyst Date: Email: judith.walter@encana.com

**Attachment Check List**

**Att Doc Num Name**

400484557 WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group Comment Comment Date**

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Total: 0 comment(s)