

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-09360-00
6. County: WELD
7. Well Name: KENNEDY GAS UNIT Well Number: 1
8. Location: QtrQtr: SENE Section: 21 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 8045 Bottom: 8142 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: [ ]

Set RBP @ 7900'. This well was shut in on 03-02-10

This formation is commingled with another formation: [ ] Yes [X] 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: Shut In Well.

Date formation Abandoned: 03/02/2010 Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7900 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation: 08/05/1978  
Perforations Top: 7927 Bottom: 7941 No. Holes: 15 Hole size: 0.38

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

Frac'd the J Sand with 25,000 ga prepad, 25,000 ga pad, 177,600 ga Versa-gel, 50,800# 100-mesh sand, 201,600# 20/40 sand, 100# 10/20 sand.

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: 08/28/1998 Hours: 24 Bbl oil: 3 Mcf Gas: 780 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 780 Bbl H2O: 0 GOR: 26000  
Test Method: FLOWING Casing PSI: 200 Tubing PSI: Choke Size: 36/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 0 API Gravity Oil: 54  
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:  
Reason for Non-Production: No Tubing in Hole.  
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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: Print Name: Sheilla D. Reed-High  
Title: Drilling Technician Date: 10/11/2013 Email sheilla.reedhigh@Encana.com

**Attachment Check List**

Att Doc Num	Name
400489623	FORM 5A SUBMITTED
400490902	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Changed Dakota from SI to TA. Added RBP @ 7900' and date set 03/02/2010 per operator.	10/29/2013 1:12:01 PM

Total: 1 comment(s)