

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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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 4. Contact Name: Toby Sachen  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5845  
 3. Address: 370 17TH ST STE 1700 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202- Email: toby.sachen@encana.com

5. API Number 05-123-20362-00 6. County: WELD  
 7. Well Name: GREEMYER-WAGNER Well Number: 22-34  
 8. Location: QtrQtr: SENW Section: 34 Township: 1N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 09/11/2003 End Date: 09/11/2003 Date of First Production this formation: 06/16/2001

Perforations Top: 8252 Bottom: 8292 No. Holes: 70 Hole size: 38/100

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

Re-Frac gradient is Nc'd w/ 13,764 gal fluid and 4,000# 12/20 resin coated sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 328 Max pressure during treatment (psi): 5033

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.66

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 1

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 328 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 4000 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:

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

Signed: \_\_\_\_\_ Print Name: Toby Sachen  
Title: Regulatory Analyst Date: \_\_\_\_\_ Email toby.sachen@encana.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400972748	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)