

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2071923

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: 80202-56

5. API Number 05-014-20669-00 6. County: BROOMFIELD
7. Well Name: ALAUX Well Number: 4-0-26
8. Location: QtrQtr: NENW Section: 26 Township: 1N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7820</u> Bottom: <u>8454</u>	No. Holes: <u>120</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>JSND-NBRR COMMINGLE: DRILLED OUT CBP@ 7700' AND CFP@ 7950' TO COMMINGLE THE JSND-NBRR. 06-10-10.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/12/2010</u> Hours: <u>24</u> Bbls oil: <u>45</u> Mcf Gas: <u>234</u> Bbls H2O: <u>100</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>45</u> Mcf Gas: <u>234</u> Bbls H2O: <u>100</u> GOR: <u>5200</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1617</u> Tubing PSI: <u>600</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1</u> API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8422</u> Tbg setting date: <u>06/10/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: J SAND Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: _____

Perforations Top: 8434 Bottom: 8454 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION: FRAC THE J-SAND WITH 152,628 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,180# 20/40 SAND 06-07-10

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 Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: _____

Perforations Top: 7820 Bottom: 7840 No. Holes: 80 Hole size: _____

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

NBRR COMPLETION: SET CFP @ 79500'. 06-07-10. FRAC'D THE NIOBRARA WITH 126,378 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,120# 20/40 SAND. 06-07-10. SET CBP @ 7700'. 06-09-10.

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-HIGH

Title: OPERATIONS TECH

Date: 10/27/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2071923	FORM 5A SUBMITTED	LF@2609993 2071923
2071924	WELLBORE DIAGRAM	LF@2609994 2071924

Total Attach: 2 Files