

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:

2071925

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: SHIELLA 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 05-123-30610-00 6. County: WELD
7. Well Name: RAY NELSON Well Number: 44-32
8. Location: QtrQtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/12/2010</u>	Date of First Production this formation: <u>05/31/2010</u>
Perforations Top: <u>7562</u> Bottom: <u>8260</u>	No. Holes: <u>160</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
JSND-NBRR COMMINGLE: SET CBP @ 7460'. 04-21-10. DRILLED OUT CBP@ 7460' 04-21-10. DRILLED OUT CFP@ 7680' AND 7900' TO COMMINGLE THE JSND-NBRR. 04-22-10.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/31/2010</u> Hours: <u>24</u> Bbls oil: <u>73</u> Mcf Gas: <u>444</u> Bbls H2O: <u>79</u>	
Calculated 24 hour rate: Bbls oil: <u>73</u> Mcf Gas: <u>444</u> Bbls H2O: <u>79</u> GOR: <u>6082</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2324</u> Tubing PSI: <u>1730</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1249</u> API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8215</u> Tbg setting date: <u>04/22/2010</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: 04/12/2010 Date of First Production this formation: _____

Perforations Top: 8240 Bottom: 8260 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION: FRAC the J-SAND WITH 15,552 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,940# 20/40 SAND 04-12-10

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-CODELL Status: PRODUCING

Treatment Date: 04/12/2010 Date of First Production this formation: _____

Perforations Top: 7562 Bottom: 7816 No. Holes: 120 Hole size: _____

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

NBRR-CDL COMPLETION: SET CFP @ 7900'. 04-12-10. FRAC'D THE CODELL WITH 109,326 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,460# 20/40 SAND. 04-12-10. SET CFP @ 76800'. 04-12-10. FRAC'D THE NIOBRARA WITH 130,746 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,280# SAND. 04-12-10.

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: SHIELLA REED-HIGH

Title: operations tech

Date: 10/27/2010

Email SHIELLA.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
2071925	FORM 5A SUBMITTED	LF@2609991 2071925
2071926	WELLBORE DIAGRAM	LF@2609992 2071926

Total Attach: 2 Files