

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:

2556308

**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: JANE WASHBURN  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-22015-00 6. County: WELD  
7. Well Name: WOOLLEY Well Number: 21-7  
8. Location: QtrQtr: NENW Section: 7 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 03/02/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7490 Bottom: 7833 No. Holes: 208 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
NIOBRARA-FRAC'D WITH 142,548 GAL FRAC FLUID AND 250,100# SAND (3/2/10). CODELL - FRAC'D WITH 121,338 GAL FRAC FLUID AND 251,180 # SAND (2/17/10).  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 05/13/2010 Hours: 6 Bbls oil: 15 Mcf Gas: 168 Bbls H2O: 27  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 60 Mcf Gas: 672 Bbls H2O: 108 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 386 Tubing PSI: 233 Choke Size: 0  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1319 API Gravity Oil: 51  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8238 Tbg setting date: 05/06/2010 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: JANE WASHBURN  
Title: ENGINEERING TECH Date: 6/22/2010 Email JANE.WASHBURN@ENCANA.COM

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: 11/29/2010

**Attachment Check List**

Att Doc Num	Name
2556308	FORM 5A SUBMITTED
2556309	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)