

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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COMPLETED INTERVAL REPORT

Document Number:

2071192

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) 8763678  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 8764678  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30583-00 6. County: WELD  
 7. Well Name: DIER Well Number: 8-4-8  
 8. Location: QtrQtr: NESE Section: 8 Township: 2N Range: 67W Meridian: 6  
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 07/29/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7982 Bottom: 8016 No. Holes: 160 Hole size: \_\_\_\_\_

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

JSND-NBRR-CDL COMMINGLE  
SET CBP @ 7260 8/3/10. DRILLED OUT CBP @ 7260, CFP @ 7460 AND CFP @ 7670 TO COMMINGLE THE JSND-NBRR-CDL 8/4/10.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/11/2010 Hours: 24 Bbls oil: 76 Mcf Gas: 214 Bbls H2O: 60

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 76 Mcf Gas: 214 Bbls H2O: 60 GOR: 2816

Test Method: FLOWING Casing PSI: 1634 Tubing PSI: 854 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1213 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7946 Tbg setting date: 08/04/2010 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: \_\_\_\_\_

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/29/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7982 Bottom: 8016 No. Holes: 56 Hole size: \_\_\_\_\_

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

J SAND COMPLETION  
FRAC THE J-SAND WITH 155,022 GAL 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,780 # 20/40 SAND  
7/29/10.

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: 07/29/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7338 Bottom: 7572 No. Holes: 104 Hole size: \_\_\_\_\_

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

NBRR-CDL COMPLETION  
SET CFP @ 7670 7/29/10. FRAC'D CODELL WITH 109956 GAL 22# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING  
251,340 # 20/40 SAND. 7/29/10.  
SET CFP @ 7460 7/29/10 FRAC'D THE NIOBRARA WITH 140,280 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL  
CONTAINING 251,120 # 20/40 SAND. 7/29/10.

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 TECHNOLOGIST Date: 9/14/2010 Email SHEILLA.REEDHIGH@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: 12/6/2010

**Attachment Check List**

Att Doc Num	Name
2071192	FORM 5A SUBMITTED
2071196	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)