

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:

2071194

**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-HGIH  
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 05-123-30786-00 6. County: WELD  
7. Well Name: DAVIS Well Number: 6-4-9  
8. Location: QtrQtr: SENE Section: 9 Township: 2N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7320 Bottom: 7978 No. Holes: 160 Hole size: \_\_\_\_\_

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

JSND-NBRR-CDL COMMINGLE  
SET CBP @ 7220, 7/23/10. DRILLED OUT CBP @ 7220, CFP @ 7430 AND CFP @ 7630 TO COMMINGLE THE JSND-NBRR-CDL. 7/24/10.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 08/08/2010 Hours: 24 Bbls oil: 59 Mcf Gas: 320 Bbls H2O: 55

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 59 Mcf Gas: 320 Bbls H2O: 55 GOR: 5424

Test Method: FLOWING Casing PSI: 1435 Tubing PSI: 905 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7928 Tbg setting date: 07/24/2010 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: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/15/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7944</u>	Bottom: <u>7978</u>	No. Holes: <u>48</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<b>J SAND COMPLETION</b> FRAC THE J-SAND WITH 154,980 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,940 # 20/40 SAND 7/15/10.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/15/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7320</u>	Bottom: <u>7532</u>	No. Holes: <u>112</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<b>NBRR-CDL COMPLETION</b> SET CFP @ 7630 7/15/10. FRAC THE CODELL WITH 110,124 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,860 # 20/40 SAND. 7/15/10. SET CFP @ 7430, 7/15/10. FRAC'D THE NIOBRARA WITH 140,748 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,740 # 20/40 SAND, 7/15/10.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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: SHEILLA REED-HIGH

Title: OPERATIONS TECHENOLOGIST

Date: 9/14/2010

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: 12/14/2010

### **Attachment Check List**

Att Doc Num	Name
2071194	FORM 5A SUBMITTED
2071197	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)