

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2071246

**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 05-123-31712-00 6. County: WELD  
7. Well Name: DIER Well Number: 8-6-8  
8. Location: QtrQtr: NESE Section: 8 Township: 2N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7358</u> Bottom: <u>8034</u> No. Holes: <u>164</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>JSND-CDL-NBRR-COMMINGLE. SET CBP @ 7260'. 08/05/2010. DRILLED OUT CBP @ 7260', 7460' TO COMMINGLE THE JSND -CDL-NBRR, 08/06/2010.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/14/2010</u> Hours: <u>24</u> Bbls oil: <u>38</u> Mcf Gas: <u>373</u> Bbls H2O: <u>56</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>38</u> Mcf Gas: <u>373</u> Bbls H2O: <u>56</u> GOR: <u>9816</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1302</u> Tubing PSI: <u>675</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7994</u> Tbg setting date: <u>08/07/2010</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: 08/02/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8004 Bottom: 8034 No. Holes: 48 Hole size: \_\_\_\_\_

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

J SAND COMPLETION. FRAC THE J-SAND WITH 155,442 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,740 # 20/40 SAND. 08/02/2010

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: 08/02/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7358 Bottom: 7588 No. Holes: 116 Hole size: \_\_\_\_\_

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

CDL-NBRR COMPLETION. SET CFP @ 7660'. 08/02/2010. FRAC'D THE CODELL WITH 110,250 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,040 # 20/40 SAND. 08/02/2010. SET CFP @ 7460'. 08/02/2010. FRAC'D THE NIOBRARA WITH 131,418 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,990 # 20/40 SAND. 08/02/2010.

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

Date: 9/16/2010

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: 12/14/2010

### **Attachment Check List**

Att Doc Num	Name
2071246	FORM 5A SUBMITTED
2071247	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)