

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

COMPLETED INTERVAL REPORT

Document Number:  
2512672

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-56  
4. Contact Name: SHEILLA REED-HIGH  
Phone: (720) 876-3678  
Fax: (720) 876-4678

5. API Number 05-123-31686-00  
6. County: WELD  
7. Well Name: SPRAGUE Well Number: 4-6-9  
8. Location: QtrQtr: SESW Section: 9 Township: 2N Range: 67W Meridian: 6  
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: Date of First Production this formation:  
Perforations Top: 7512 Bottom: 8194 No. Holes: 152 Hole size:  
Provide a brief summary of the formation treatment: Open Hole:

JSND-CDL-NBRR COMMINGLE. SET CBP @ 7350'. 07/26/10. DRILLED OUT CBP @ 7350', CFP @ 7630' AND 7830' TO COMMINGLE THE JSND-CDL-NBRR. 07/27/10.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/29/2010 Hours: 24 Bbls oil: 179 Mcf Gas: 597 Bbls H2O: 136  
Calculated 24 hour rate: Bbls oil: 179 Mcf Gas: 597 Bbls H2O: 136 GOR: 3335  
Test Method: FLOWING Casing PSI: 1802 Tubing PSI: 838 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1266 API Gravity Oil: 48  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8155 Tbg setting date: 07/27/2010 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: 07/12/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8164 Bottom: 8194 No. Holes: 40 Hole size: \_\_\_\_\_

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

J SAND COMPLETION. FRAC THE J-SAND WITH 154,770 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,280 # 20/40 SAND. 07/12/2010.

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: 07/12/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7512 Bottom: 7748 No. Holes: 112 Hole size: \_\_\_\_\_

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

CODL-NBRR COMPLETION. SET CFP @ 7830'. 07/12/2010. FRAC THE CODELL WITH 109,116 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,120 # 20/40 SAND. 07/12/2010. SET CFP @ 7630'. 07/12/2010. FRAC'D THE NIOBRARA WITH 140,322 GALS 18# VISTAR HYRID CROSS LINKED GEL CONTAINING 250,000 # 20/40 SAND. 07/12/2010.

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: 9/3/2010

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: 1/20/2011

### **Attachment Check List**

Att Doc Num	Name
2512672	FORM 5A SUBMITTED
2512673	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>
Permit	Checked with S.R-H@EnCana and verified the Form 5 has been submitted. Waiting on Form 5 to be entered.	12/14/2010 2:06:03 PM

Total: 1 comment(s)