

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:

400171972

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

5. API Number 05-123-31776-00
6. County: WELD
7. Well Name: SEGAL
Well Number: 4-0-24
8. Location: QtrQtr: SENW Section: 24 Township: 4N Range: 66W Meridian: 6
9. Field Name: HAMBERT Field Code: 33530

Completed Interval

FORMATION: J SAND Status: WAITING ON COMPLETION

Treatment Date: 03/10/2011 Date of First Production this formation:
Perforations Top: 7076 Bottom: 7894 No. Holes: 312 Hole size:

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

JSND-CDL-NBBR COMPLETION. SET CBP@ 8400' 3/9/11. DRILLED OUR CBP@8400', @ 7154', @7240', @ 7410'. 3/10/11. WELL NOT TESTED AND WILL NOT PRODUCE UNTIL FALL 2011.

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:

WELL NOT TESTED AND WILL NOT PRODUCE UNTIL FALL 2011

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: OPS TECH Date: 4/28/2011 Email :

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)