

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:

400184207

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: RUTHANN MORSS
Phone: (720) 876-5060
Fax: (720) 876-6060

5. API Number 05-077-09038-00
6. County: MESA
7. Well Name: ORCHARD UNIT
Well Number: 19-15 (019OU)
8. Location: QtrQtr: SWSE Section: 19 Township: 8S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: CEDAR MOUNTAIN	Status: PRODUCING
Treatment Date: 06/24/2007	Date of First Production this formation: 07/02/2007
Perforations Top: 5830 Bottom: 7843	No. Holes: 180 Hole size: 36/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 009-14 TREATED WITH A TOTAL OF 58453 BBLS SLICKWATER, 625073 LBS 20-40 SAND, 310084 30/50 SAND.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 12/01/2010 Hours: 24	Bbls oil: 0 Mcf Gas: 908 Bbls H2O: 40
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 908 Bbls H2O: 40 GOR: 0
Test Method: FLOWING	Casing PSI: 2400 Tubing PSI: 1525 Choke Size: 20/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 8552 Tbg setting date: 11/29/2010 Packer Depth: 0
Reason for Non-Production:	
<div></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>DAKOTA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/24/2007</u>		Date of First Production this formation: <u>07/02/2007</u>	
Perforations	Top: <u>9508</u>	Bottom: <u>9632</u>	No. Holes: <u>86</u>
		Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
STAGES 002 TREATED WITH A TOTAL OF 3956 BBLs MEDALLION, 143054# ECONO 30/50			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>07/31/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1284</u>
		Bbls H2O: <u>241</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>1284</u>	Bbls H2O: <u>241</u>
		GOR: <u>0</u>	
Test Method: <u>FLOWING</u>	Casing PSI: <u>1350</u>	Tubing PSI: <u>900</u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8552</u>	Tbg setting date: <u>07/20/2007</u>	Packer Depth: <u>0</u>
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px;"></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>FRONTIER</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/12/2007</u>		Date of First Production this formation: <u>07/12/2007</u>	
Perforations	Top: <u>9300</u>	Bottom: <u>9464</u>	No. Holes: <u>24</u>
		Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
STAGES 003 TREATED WITH A TOTAL OF 4824 BBLs SLICKWATER, 80024# WHITE 30/50.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>07/31/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1284</u>
		Bbls H2O: <u>241</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>1284</u>	Bbls H2O: <u>241</u>
		GOR: <u>0</u>	
Test Method: <u>FLOWING</u>	Casing PSI: <u>1350</u>	Tubing PSI: <u>900</u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8552</u>	Tbg setting date: <u>07/20/2007</u>	Packer Depth: <u>0</u>
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px;"></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: NIOBRARA Status: PRODUCING

Treatment Date: 07/12/2007 Date of First Production this formation: 07/12/2007

Perforations Top: 8023 Bottom: 8980 No. Holes: 130 Hole size: 34/100

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

STAGES 004-008 TREATED WITH A TOTAL OF 31692 BBLS SLICKWATER, 5545# 100 SAND, 702261 # 30/50 WHITE SAND

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

Test Information:

Date: 07/31/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 241

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 241 GOR: 0

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 900 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8552 Tbg setting date: 07/20/2007 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

REVISED 7/11/11

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: RUTHANN MORSS

Title: REG ANALYST Date: 7/11/2011 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)