

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:

400184213

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) 867-6060

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: ABANDONED COMPLETION

Treatment Date: 11/09/2010 Date of First Production this formation: 07/02/2007
Perforations Top: 9708 Bottom: 9806 No. Holes: 74 Hole size: 34/100

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

SET CIBP

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:

ISLOATING MANCOS PRODUCTION

Date formation Abandoned: 11/09/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

Bridge Plug Depth: 7920 Sacks cement on top: 2

FORMATION: DAKOTA Status: ABANDONED COMPLETION

Treatment Date: 11/09/2010 Date of First Production this formation: 07/02/2007

Perforations Top: 9508 Bottom: 9632 No. Holes: 86 Hole size: 34/100

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

SET CIBP

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: _____

ISLOATING MANCOS PRODUCTION

Date formation Abandoned: 11/09/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7920 Sacks cement on top: 2

FORMATION: FRONTIER Status: ABANDONED COMPLETION

Treatment Date: 11/09/2010 Date of First Production this formation: 07/12/2007

Perforations Top: 9300 Bottom: 9464 No. Holes: 24 Hole size: 34/100

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

SET CIBP

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: _____

ISLOATING MANCOS PRODUCTION

Date formation Abandoned: 11/09/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7920 Sacks cement on top: 2

FORMATION: MANCOS Status: PRODUCING

Treatment Date: 11/18/2010 Date of First Production this formation: 11/21/2010

Perforations Top: 5830 Bottom: 7843 No. Holes: 180 Hole size: 36/100

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

STAGES 009-14 TREATED WITH A TOTAL OF 58453 BBLS SLICKWATER, 625073 LBS 20/40 SAND, 310084 LBS 30/50 SAND.

This formation is commingled with another formation: ☐ Yes ☒ 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: 1170 Choke Size: 02/3

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: 0

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 Status: ABANDONED COMPLETION

Treatment Date: 11/09/2010 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: ☐

SET CIBP

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: _____

ISOLATING MANCOS PRODUCTION

Date formation Abandoned: 11/09/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7920 Sacks cement on top: 2

Comment:

RECISED 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: 7/12/2011 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)