

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 4. Contact Name: RUTHANN MORSS
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060
City: DENVER State: CO Zip: 80202-56

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: <u>CEDAR MOUNTAIN</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>5830</u> Bottom: <u>7843</u>	No. Holes: <u>180</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>STAGES 009-14 TREATED WITH A TOTAL OF 58453 BBLS SLICKWATER, 625073 LBS 20-40 SAND, 310084 30/50 SAND.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>12/01/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>908</u> Bbls H2O: <u>40</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>908</u> Bbls H2O: <u>40</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2400</u> Tubing PSI: <u>1525</u> Choke Size: <u>20/64</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>11/29/2010</u> Packer Depth: <u>0</u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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:					
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:					
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: NIOBARRA 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 :

Attachment Check List

Att Doc Num	Name
2072469	WELLBORE DIAGRAM
400184207	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)