

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:

2506639

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: JANE WASHBURN
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-21028-00 6. County: WELD
7. Well Name: GRENEMEYER Well Number: CD26-A
8. Location: QtrQtr: SESW Section: 26 Township: 1N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7342 Bottom: 8203 No. Holes: 226 Hole size: _____

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

CIBP SET @ 7820' AND CFP SET @ 7580 ON 4/30/11. BOTH DRILLED OUT 5/24/11. TUBING SET @ 6325 ON 5/24/11. COMMINGLED ON 5/28/11.

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

Test Information:

Date: 06/04/2011 Hours: 7 Bbls oil: 16 Mcf Gas: 101 Bbls H2O: 9
Calculated 24 hour rate: Bbls oil: 55 Mcf Gas: 346 Bbls H2O: 31 GOR: 6313
Test Method: FLOWING Casing PSI: 371 Tubing PSI: 138 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6325 Tbg setting date: 05/24/2011 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: 08/02/2002 Date of First Production this formation: 08/26/2002

Perforations Top: 8245 Bottom: 8203 No. Holes: 66 Hole size:

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

Frac'd w/ 305,000# 20/40 sand, 687 bbls, CO2 & 2716 gal Dynafow-2 frac fluid.

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: 04/30/2011 Date of First Production this formation: 05/24/2011

Perforations Top: 7342 Bottom: 7774 No. Holes: 160 Hole size: 41/100

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

NBRR-PERFED 7342-7354, 7514-7532, 4 SPF, 120 HOLES. FRAC'D W/145,362 GAL FRAC FLUID AND 250,380# SAND. CD- PERFED 7754-7774, 2SPF, 40 HOLES. FRAC'D W/115,962 GAL FRAC FLUID AND 250,740# SAND. CIBP SET @ 7820' AND CFP SET @ 7580 ON 4/0/11. BOTH DRILLED OUT 5/24/11.

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: JANE WASHBURN

Title: OPERATIONS TECHNNOGIST Date: 9/12/2011 JANE.WASHBURN@ENCANA.COM

Email
:

Attachment Check List

Att Doc Num	Name
2506639	FORM 5A SUBMITTED
2506640	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)