

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:

2588353

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 05-077-08585-00
6. County: MESA
7. Well Name: DIVIDE CREEK UNIT
Well Number: 32
8. Location: QtrQtr: SESE Section: 16 Township: 8S Range: 91W Meridian: 6
9. Field Name: DIVIDE CREEK Field Code: 16900

Completed Interval

FORMATION: CAMEO COAL Status: PRODUCING
Treatment Date: 08/30/2004 Date of First Production this formation: 12/22/1989
Perforations Top: 3496 Bottom: 3508 No. Holes: 48 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
RBP SET TO ISOLATE PERFS OF CAMEO COAL. UPPER PERFS 2973' - 3652' WERE SQUEEZED 7-24-04
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: 50 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: 1170 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: 3533 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: RUTHANN MORSS

Title: REGULATORY ANALYST Date: 8/11/2011 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2588353	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)