

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:

2507679

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 05-123-23976-00

6. County: WELD

7. Well Name: SPRAGUE

Well Number: 11-9

8. Location: QtrQtr: NWNW Section: 9

Township: 2N

Range: 67W

Meridian: 6

9. Field Name: SPINDLE

Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7234 Bottom: 7934 No. Holes: 312 Hole size: _____

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

SET CBP @ 7290' 3/27/11. DRILLED OUT ON 4/20/11. CIBP SET @ 7510' 3/27/11. DRILLED OUT ON 4/20/11. TUBING SET AT 7855 ON 4/21/11; COMMINGLED ON 4/27/2011.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/30/2011 Hours: 2 Bbls oil: 18 Mcf Gas: 70 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 216 Mcf Gas: 840 Bbls H2O: 84 GOR: 3889

Test Method: FLOWING Casing PSI: 499 Tubing PSI: 314 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7855 Tbg setting date: 04/21/2011 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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 03/27/2011 Date of First Production this formation: _____

Perforations Top: 7234 Bottom: 7474 No. Holes: 232 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐NBRR - FRAC'D 7234-7258' E/ 143766 GAL FRAC FLUID AND 251020 # SAND.
CDL - FRAC'D 7452' - 7474' W/ 120834 GAL FRAC FLUID AND 250840# SAND.
SET @ 7290' 3/27/11. DRILLED OUT ON 4/20/11. CIBP SET @ 7510' 3/27/11. DRILLED OUT ON 4/20/2011This 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 TECHNOLOGIST

Date: 10/11/2011

Email JANE.WASHBURN@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
2507679	FORM 5A SUBMITTED
2507680	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)