

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:

2507677

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: JANE WASHBURN

Phone: (720) 876-5431

Fax: (720) 876-6431

5. API Number 05-123-22354-00

7. Well Name: WANDELL

8. Location: QtrQtr: NENW Section: 18 Township: 2N Range: 67W Meridian: 6

9. Field Name: SPINDLE Field Code: 77900

6. County: WELD

Well Number: 24-7

Completed Interval

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

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

Perforations Top: 7380 Bottom: 8086 No. Holes: 220 Hole size: _____

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

CIBP SET @ 7760' 2/19/2011. DRILLED OUT 3/2/2011. TUBING SET ON 3/2/11 AND COMMINGLED ON 3/5/2011.

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

Date: 03/12/2011 Hours: 16 Bbls oil: 21 Mcf Gas: 207 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 310 Bbls H2O: 6 GOR: 9688

Test Method: FLOWING Casing PSI: 4898 Tubing PSI: 150 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7912 Tbg setting date: 03/02/2011 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: 02/19/2011 Date of First Production this formation: _____

Perforations Top: 7380 Bottom: 7640 No. Holes: 220 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐NIOBRARA - FRAC'D 147798 GAL FRAC FLUID AND 211500 # SAND
CODELL - FRAC'D WITH 122566 GAL FLUID AND 250320 # SANDThis 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: ENGINEERING TECHNOLOGISTDate: 10/10/2011Email JANE.WASHBURN@ENCANA.COM
:**Attachment Check List**

Att Doc Num	Name
2507677	FORM 5A SUBMITTED
2507678	WELLBORE DIAGRAM

Total Attach: 2 Files

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

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Total: 0 comment(s)