

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:

2285357

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: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-30600-00
6. County: WELD
7. Well Name: SULLIVAN
Well Number: 4-6-26
8. Location: QtrQtr: SWSE Section: 26 Township: 2N Range: 68W 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: 7436 Bottom: 8115 No. Holes: 168 Hole size: _____

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

JSND-CDL-NBRR COMMINGLE. SET CBP @ 7380'. 09/12/2011. DRILLED OUT CBP @ 7380', CFP @ 7560' AND 7800' TO COMMINGLE THE JSND-CDL-NBRR. 09/13/2011.

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

Test Information:

Date: 09/16/2011 Hours: 24 Bbls oil: 49 Mcf Gas: 239 Bbls H2O: 39
Calculated 24 hour rate: Bbls oil: 49 Mcf Gas: 239 Bbls H2O: 39 GOR: 4878
Test Method: FLOWING Casing PSI: 1159 Tubing PSI: 323 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1236 API Gravity Oil: 48
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8061 Tbg setting date: 09/14/2011 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: 07/27/2011 Date of First Production this formation: 08/26/2011

Perforations Top: 8095 Bottom: 8115 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION. FRAC'D THE J-SAND FROM 8095'-8115', (40 HOLES) W/64,932 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,180 # 20/40 SAND. 07/27/2011.

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: 07/27/2011 Date of First Production this formation: 08/26/2011

Perforations Top: 7436 Bottom: 7683 No. Holes: 128 Hole size: _____

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

CDL-NBRR COMPLETION. SET CFP @ 7800'. 07/27/2011. FRAC'D THE CODELL 7659'-7683', (48 HOLES) W/90,006 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 253,620# 40/70 SAND. 07/27/2011. SET CFP @ 7560'. 07/27/2011. FRAC'D THE NIOBRARA 7436'-7456' (80 HOLES), W/99,120 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,240# 40/70 SAND. 07/27/2011.

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: SHEILLA REED-HIGH

Title: OPERATIONS

Date: 10/13/2011

Email : SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2285357	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)