

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:

2285733

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 05-123-23130-00

6. County: WELD

7. Well Name: IONE

Well Number: 6-4-10

8. Location: QtrQtr: SWNE Section: 10

Township: 2N

Range: 66W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7240 Bottom: 7976 No. Holes: 164 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

CIBP SET AT 7350' AND 7515' ON 06/15/2011; DRILLED OUT 6/23/2011. PRODUCTION TUBING 2-3/8 @ 7921'. COMMINGLED ON 6/26/11.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/01/2011 Hours: 14 Bbls oil: 9 Mcf Gas: 136 Bbls H2O: 22Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 15 Mcf Gas: 233 Bbls H2O: 38 GOR: \_\_\_\_\_Test Method: FLOWING Casing PSI: 552 Tubing PSI: 271 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 7921 Tbg setting date: 06/23/2011 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-CODELLStatus: PRODUCINGTreatment Date: 06/15/2011 Date of First Production this formation: \_\_\_\_\_Perforations Top: 7240 Bottom: 7480 No. Holes: 96 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

NIOBRARA 7240'-7256' FRAC'D W/250,880 SAND IN 138,054 GAL FRAC FLUID 06/15/2011. CODELL 7464'-7480' FRAC'D W/250,940 SAND IN 121,086 GAL FRAC FLUID 06/15/2011.

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: JANE WASHBURN

Title: JANE WASHBURN

Date: 10/25/2011

Email: JANE.WASHBURN@ENCANA.COM

### **Attachment Check List**

Att Doc Num	Name
2285733	FORM 5A SUBMITTED
2285734	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)