

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:

400248490

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: Sheilla Reed-High
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-32273-00 6. County: WELD
7. Well Name: IONE Well Number: 6-0-10
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: ALL FORMATIONS Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 11/21/2011
Perforations Top: 7409 Bottom: 8148 No. Holes: 252 Hole size: 42

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

Set CBP @ 7360'. 01-17-12. Drilled out CBP @ 7360', CFP @ 7540', 7750' to commingle the JSND-CDL-NBRR. 01-18-12

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

Test Information:

Date: 01/31/2012 Hours: 24 Bbls oil: 58 Mcf Gas: 292 Bbls H2O: 10
Calculated 24 hour rate: _____ Bbls oil: 58 Mcf Gas: 292 Bbls H2O: 10 GOR: 5028
Test Method: FLOWING Casing PSI: 1252 Tubing PSI: 563 Choke Size: 16
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1314 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8116 Tbg setting date: 01/18/2012 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: <u>CODELL</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>10/17/2011</u>		Date of First Production this formation: <u>11/21/2011</u>			
Perforations	Top: <u>7635</u>	Bottom: <u>7656</u>	No. Holes: <u>42</u>	Hole size: <u>42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
Set CFP @ 7750'. 10-17-11. Frac'd the Codell 7635' – 7656' (42holes) w/ 108,339 gal 22 # Vistar Hybrid cross linked gel containing 250,300 # 20/40 sand. 10-17-11					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>J SAND</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>10/17/2011</u>		Date of First Production this formation: <u>11/21/2011</u>			
Perforations	Top: <u>8121</u>	Bottom: <u>8148</u>	No. Holes: <u>54</u>	Hole size: <u>42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd the J-Sand 8121'-8148', (54 holes)w/ 165,270 gal 18 # Vistar Hybrid cross linked gel containing 250,360 # 20/40 Sand. 10-17-11					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 10/17/2011 Date of First Production this formation: 11/21/2011

Perforations Top: 7409 Bottom: 7438 No. Holes: 156 Hole size: 42

Provide a brief summary of the formation treatment: Open Hole: ☒

Set CFP @ 7540'. 10-17-11. Frac'd the Niobrara 7409' – 7438' (156 holes), w/ 131,838 gals 18 # Vistar Hybrid cross linked gel containing 250,060 # 20/40 sand. 10-17-11

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: Drilling and Compl. Tech Date: _____ Email: sheilla.reedhigh@Encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400248497	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)