

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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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.

Document Number:

400254181

1. OGCC Operator Number: 100185

4. Contact Name: Erin Hochstetler

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER

State: CO

Zip: 80202-

5. API Number 05-045-20667-00

6. County: GARFIELD

7. Well Name: SG

Well Number: 8503E-22 N22496

8. Location: QtrQtr: 5

Section: 22

Township: 4S

Range: 96W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

### Completed Interval

FORMATION: <u>SEGO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/04/2012</u>	Date of First Production this formation: <u>01/28/2012</u>
Perforations Top: <u>12311</u> Bottom: <u>12587</u>	No. Holes: <u>33</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Stages 01, DFIT treated with a total of: 20542 bbls of Slickwater.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>02/04/2012</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u> GOR: <u>      </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1854</u> Tubing PSI: <u>      </u> Choke Size: <u>42</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>      </u>	Tubing Setting Depth: <u>      </u> Tbg setting date: <u>      </u> Packer Depth: <u>      </u>
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>	
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>	

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/09/2012</u>	Date of First Production this formation: <u>01/28/2012</u>
Perforations Top: <u>7896</u> Bottom: <u>11578</u>	No. Holes: <u>390</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Stages 03-15 treated with a total of: 271020 bbls of Slickwater.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>02/04/2012</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u> GOR: <u>      </u>
Test Method: <u>Flowign</u>	Casing PSI: <u>1854</u> Tubing PSI: <u>      </u> Choke Size: <u>42</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>      </u>	Tubing Setting Depth: <u>      </u> Tbg setting date: <u>      </u> Packer Depth: <u>      </u>
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>	
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Erin Hochstetler

Title: Permitting Technician Date: \_\_\_\_\_ Email: erin.hochstetler@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
400254191	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)