

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:

400262993

Date Received:

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 05-123-27291-00 6. County: WELD
7. Well Name: WARDELL Well Number: 6-4-7
8. Location: QtrQtr: NESE Section: 7 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/23/2012 Date of First Production this formation: _____

Perforations Top: 7194 Bottom: 7888 No. Holes: 284 Hole size: _____

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

CIBP set at 7480' 8/11/11 was drilled out 2/23/12

CFP set @ 7300 8/11/11 was drilled out 2/23/12

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

Test Information:

Date: 02/28/2012 Hours: 20 Bbls oil: 4 Mcf Gas: 242 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 290 Bbls H2O: 1 GOR: 58000

Test Method: Flow Casing PSI: 836 Tubing PSI: 722 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7821 Tbg setting date: 02/23/2012 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: J SAND Status: COMMINGLED

Treatment Date: 02/23/2012 Date of First Production this formation: _____

Perforations Top: 7856 Bottom: 7888 No. Holes: 56 Hole size: _____

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

CIBP set at 7480' 8/11/11 was drilled out 2/23/12

CFP set @ 7300 8/11/11 was drilled out 2/23/12

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: 2 + 3/8 Tubing Setting Depth: 7821 Tbg setting date: 02/23/2012 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: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/23/2012 Date of First Production this formation: _____

Perforations Top: 7194 Bottom: 7446 No. Holes: 228 Hole size: _____

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

CIBP set at 7480' 8/11/11 was drilled out 2/23/12

CFP set @ 7300 8/11/11 was drilled out 2/23/12

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: Operations Technologist _____

Date: _____

Email : jane.washburn@encana.com _____

Attachment Check List

Att Doc Num	Name
400263008	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)