

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:

400268106

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  
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 05-123-32567-00  
6. County: WELD  
7. Well Name: JILLSON  
Well Number: 2-8-22  
8. Location: QtrQtr: SESW Section: 22 Township: 2N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/14/2011 Date of First Production this formation:  
Perforations Top: 7732 Bottom: 7754 No. Holes: 44 Hole size: 0.42

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

Set CFP @ 7800'. 12-14-11  
Frac'd the Codell 7732' - 7754', (44 holes) w/ 90,258 gal 22 # pHaserFrac Hybrid cross  
linked gel containing 250,000 # 30/50 sand. 12-14-11

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:

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: \_\_\_\_\_

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

Perforations Top: 7510 Bottom: 8192 No. Holes: 192 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Drilled out CFP's to commingle the JSND-NBRR-CDL. 03-06-12

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/09/2012 Hours: 24 Bbls oil: 24 Mcf Gas: 155 Bbls H2O: 24

Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 155 Bbls H2O: 24 GOR: 6458

Test Method: FLOWING Casing PSI: 1047 Tubing PSI: 213 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1248 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8134 Tbg setting date: 03/08/2012 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: PRODUCING

Treatment Date: 12/14/2011

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

Perforations Top: 8168 Bottom: 8192 No. Holes: 48 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand 8168'– 8192', (48 holes) w/ 63,756 gal 18 # pHaserFrac Hybrid cross linked gel containing 250,500# 20/40 Sand. 12-14-11

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 12/14/2011

Date of First Production this formation:

Perforations Top: 7510 Bottom: 7754 No. Holes: 144 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐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

Status: COMMINGLED

Treatment Date: 12/14/2011

Date of First Production this formation:

Perforations Top: 7510 Bottom: 7535 No. Holes: 100 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CFP @ 7590'. 12-14-11

Frac'd the Niobrara 7510' – 7535' (100 holes), w/ 99,414 gals 18 # pHaserFrac Hybrid cross linked gel containing 250,000# 30/50 sand. 12-14-11

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

### Attachment Check List

Att Doc Num	Name
400268127	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)