

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:

400267976

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: Jane Washburn

Phone: (720) 876-5431

Fax: (720) 876-6431

5. API Number 05-123-22535-00

7. Well Name: STATE PETERSON

8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 41-20

### Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 01/05/2012

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

Perforations Top: 7074 Bottom: 7136 No. Holes: 84 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

A CIBP was set over the J Sand @ 6670 to refrac the Niobrara-Codell and will remain in place to test those zones for a period of time.

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:

J Sand is plugged back to test the Niobrara-Codell following a refrac.

Date formation Abandoned: 01/05/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 6670 Sacks cement on top: \_\_\_\_\_FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 01/05/2012

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

Perforations Top: 6464 Bottom: 6632 No. Holes: 156 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara - Frac'd 6464' – 6486' with 138,282 gal frac fluid and 250,010# sand.  
Codell - Frac'd 6615' – 6632' with 119,327 gal frac fluid and 250,010# sand.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/06/2012 Hours: 20 Bbls oil: 8 Mcf Gas: 440 Bbls H2O: 5Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 528 Bbls H2O: 6 GOR: 5280Test Method: flow Casing PSI: 447 Tubing PSI: 864 Choke Size: 0Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 6599 Tbg setting date: 01/23/2012 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: \_\_\_\_\_

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@gmail.com

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### **Attachment Check List**

Att Doc Num	Name
400269145	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)