

**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: <u>100185</u>	4. Contact Name: <u>Jane Washburn</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-22535-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STATE PETERSON</u>	Well Number: <u>41-20</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment 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-CODELL Status: PRODUCING

Treatment 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: 5
Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 528 Bbls H2O: 6 GOR: 5280
Test Method: flow Casing PSI: 447 Tubing PSI: 864 Choke Size: 0
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 51
Tubing 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

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

Total: 0 comment(s)