

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400274612

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 05-123-32706-00
6. County: WELD
7. Well Name: COSSLETT
Well Number: 4-0-22
8. Location: QtrQtr: SENE Section: 22 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/28/2011 Date of First Production this formation:

Perforations Top: 8284 Bottom: 8304 No. Holes: 40 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Set CFP @ 8350'. 12-28-11
Frac'd the Codell 8284' - 8304', (40 holes) w/ 203,700 gals slick water containing 154,400# 30/50 sand. 12-28-11

This formation is commingled with another formation: [X] 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: 7879 Bottom: 8747 No. Holes: 196 Hole size: 0.42

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

Set CBP @ 7810'. 04-10-12
Drilled out CBP @ 7810', CFP @ 8090', CFP @ 8350' to commingle the JSND-NBRR-CDL. 04-10-12

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/18/2012 Hours: 24 Bbls oil: 85 Mcf Gas: 150 Bbls H2O: 52

Calculated 24 hour rate: _____ Bbls oil: 85 Mcf Gas: 150 Bbls H2O: 52 GOR: 1765

Test Method: FLOWING Casing PSI: 1494 Tubing PSI: 912 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1203 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8703 Tbg setting date: 04/10/2012 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: 12/28/2011 Date of First Production this formation: _____

Perforations Top: 8727 Bottom: 8747 No. Holes: 40 Hole size: 0.42

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

Frac'd the J-Sand 8727'- 8747', (40 holes) w/ 63,504 gal 18 # pHaserFrac Hybrid cross linked gel containing 250,120# 20/40 Sand. 12-28-11

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: 12/28/2011 Date of First Production this formation: _____

Perforations Top: 7879 Bottom: 8304 No. Holes: 156 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: 12/28/2011 Date of First Production this formation: _____

Perforations Top: 7879 Bottom: 8049 No. Holes: 116 Hole size: 0.42

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

Set CFP @ 8090'. 12-28-11
Frac'd the Niobrara 7879' – 8049' (116 holes), w/ 212,982 gals slick water containing
161,400# 30/50 sand. 12-28-11

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
400274651	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)