

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400285249

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: Sheilla Reed-High
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-31975-00 6. County: WELD
7. Well Name: ELMQUIST Well Number: 4-4-23
8. Location: QtrQtr: SENW Section: 23 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/12/2012 Date of First Production this formation: 03/18/2012

Perforations Top: 7699 Bottom: 7721 No. Holes: 44 Hole size: 0.42

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

Set CFP @ 7760'. 01-12-12
Frac'd the Codell 7699' - 7721', (44 holes) w/ 210,714 gals slick water
containing 154,120 # 30/50 sand. 01-12-12

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: _____

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: _____ Date of First Production this formation: 03/18/2012Perforations Top: 7478 Bottom: 8157 No. Holes: 192 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7430'. 03-15-12

Drilled out CBP @ 7430', CFP @ 7550', 7760' to commingle the JSND-NBRR-CDL. 03-16-12

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/17/2012 Hours: 24 Bbls oil: 40 Mcf Gas: 130 Bbls H2O: 6Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 130 Bbls H2O: 6 GOR: 3250Test Method: FLOWING Casing PSI: 1703 Tubing PSI: 1250 Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1302 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 8103 Tbg setting date: 03/16/2012 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 SANDStatus: PRODUCINGTreatment Date: 01/12/2012 Date of First Production this formation: 03/18/2012Perforations Top: 8121 Bottom: 8157 No. Holes: 60 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac J-Sand 8121'– 8157', (60 holes) w/ 66,486 gal 22 #

Lightening Hybrid cross linked gel containing 250,180# 20/40 Sand. 01-12-12

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: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 01/12/2012

Date of First Production this formation: 03/18/2012

Perforations Top: 7478 Bottom: 7721 No. Holes: 132 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: 01/12/2012

Date of First Production this formation: 03/18/2012

Perforations Top: 7478 Bottom: 7500 No. Holes: 88 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CFP @ 7550'. 01-12-12
Frac'd the Niobrara 7478' – 7500' (88 holes), w/ 224,238 gals slick water
containing 162,620# 30/50 sand. 01-12-12

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: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Name
400285262	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)