

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:

2332597

Date Received:

05/17/2012

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: RUTHANN MORSS

Phone: (720) 876-5060

Fax: (720) 876-6060

5. API Number 05-045-07843-00

7. Well Name: COUEY

8. Location: QtrQtr: NWNE Section: 31 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

6. County: GARFIELD

Well Number: 31-2 (B-31)

### Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 10/24/2001Date of First Production this formation: 12/05/2001Perforations Top: 7050 Bottom: 7162 No. Holes: 22 Hole size: 45/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

STAGES 01 TREATED WITH A TOTAL OF: 405 BBL KCL YF135, 1752 BBL KCL Y130 SAND LADEN FLUID, 226000# 20/40 SAND

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 12/06/2002 Hours: 24 Bbls oil: 0 Mcf Gas: 1705 Bbls H2O: 145Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1705 Bbls H2O: 145 GOR: 0Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 1200 Choke Size: 24Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6493 Tbg setting date: 04/27/2002 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: WILLIAMS FORKStatus: PRODUCINGTreatment Date: 11/02/2001Date of First Production this formation: 12/05/2001Perforations Top: 4932 Bottom: 6856 No. Holes: 53 Hole size: 45/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

STAGES 02-04 TREATED WITH A TOTAL OF: 13828 BBLS SLICKWATER, 576820 # 20/40 SAND

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 12/06/2002 Hours: 24 Bbls oil: 0 Mcf Gas: 1705 Bbls H2O: 145Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1705 Bbls H2O: 145 GOR: 0Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 1200 Choke Size: 24Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6493 Tbg setting date: 04/27/2002 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: RUTHANN MORSS

Title: REGULATORY ANALYST

Date: 4/11/2012

Email: RUTHANN.MORSS@ENCANA.COM

**Attachment Check List**

Att Doc Num	Name
2332597	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)