

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:

2287249

Date Received:

03/05/2012

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: JANE WASHBURN

Phone: (720) 876-5431

Fax: (720) 876-6431

5. API Number 05-123-26121-00

7. Well Name: WANDELL

8. Location: QtrQtr: NWNW Section: 7 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 4-0-7

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7430 Bottom: 8114 No. Holes: 236 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole: ☐

SET CIBP @ 7720' AND CFP @ 7510 ON 9/17/11. DRILLED OUT 9/29/2011. TUBING SET @ 8055 ON 9/29/11. WELL WAS COMMINGLED AND TURNED OVER TO PRODUCTION ON 11/20/11

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/25/2011 Hours: 5 Bbls oil: 6 Mcf Gas: 75 Bbls H2O: 6Calculated 24 hour rate: _____ Bbls oil: 29 Mcf Gas: 360 Bbls H2O: 29 GOR: 12500Test Method: FLOWING Casing PSI: 694 Tubing PSI: 504 Choke Size: 18/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1260 API Gravity Oil: 53Tubing Size: 2 + 3/8 Tubing Setting Depth: 8055 Tbg setting date: 09/29/2011 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-CODELLStatus: PRODUCINGTreatment Date: 09/17/2011 Date of First Production this formation: _____Perforations Top: 7430 Bottom: 7666 No. Holes: 160 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NIOBRARA REFRAC – RE-PERFED 7430-7450', 2 SPF, 40 HOLES. FRAC'D W/141,211 GAL FRAC FLUID AND 250,140# SAND. CODELL-REFRAC -FRAC'D 7646-7666 W/121,754 GAL FRAC FLUID AND 254,100 # SAND. SET CIBP @ 7720' AND CFP @ 7510 ON 9/17/11. DRILLED OUT 9/17/2011.

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: JANE WASHBURN

Title: OPERATIONS TECH

Date: 1/18/2011

Email JANE.WASHBURN@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
2287249	FORM 5A SUBMITTED
2287250	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)