

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:

400289686

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 05-123-32255-00 6. County: WELD
7. Well Name: RASMUSSEN Well Number: 0-4-19
8. Location: QtrQtr: SWSW Section: 19 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/13/2012 Date of First Production this formation: _____
Perforations Top: 7870 Bottom: 7884 No. Holes: 42 Hole size: 0.42

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

Set CFP @ 7940'. 03-12-12
Frac'd the Codell 7870' - 7884', (42 holes) w/ 90,048 gal 22 # pHaserFrac Hybrid cross
linked gel containing 251,360 # 30/50 sand. 03-13-12

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: COMMINGLED

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 7650 Bottom: 8341 No. Holes: 132 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Set CBP @ 7350'. 03-26-12

Drilled out CBP @ 7350', CFP @ 7820', CFP @ 7940' to commingle the JSND-NBRR-CDL. 03-26-12

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/12/2012 Hours: 24 Bbls oil: 23 Mcf Gas: 198 Bbls H2O: 17Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 198 Bbls H2O: 17 GOR: _____Test Method: FLOWING Casing PSI: 1670 Tubing PSI: 850 Choke Size: 10/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1355 API Gravity Oil: 49Tubing Size: 2 + 3/8 Tubing Setting Depth: 8273 Tbg setting date: 03/27/2012 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: 03/12/2012

Date of First Production this formation: _____

Perforations Top: 8310 Bottom: 8341 No. Holes: 50 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the J-Sand 8310'– 8341', (50 holes) w/ 66,402 gal 18 # pHaserFrac Hybrid cross linked gel containing 249,520# 20/40 Sand. 03-12-12

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: 03/13/2012 Date of First Production this formation: _____
Perforations Top: 7650 Bottom: 7884 No. Holes: 82 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: 03/13/2012 Date of First Production this formation: _____
Perforations Top: 7650 Bottom: 7761 No. Holes: 40 Hole size: 0.42

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

Set CFP @ 7820'. 03-13-12
Frac'd the Niobrara 7650' – 7761' (40 holes), w/ 99,414 gals 18 # pHaserFrac Hybrid
cross linked gel containing 249,020# 30/50 sand. 03-13-12

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
400289687	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)