

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400287903

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: Jane Washburn
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-20847-00
6. County: WELD
7. Well Name: TOWNSEND
Well Number: 33-5
8. Location: QtrQtr: NWSE Section: 5 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/26/2012 Date of First Production this formation: 08/07/2002

Perforations Top: 7384 Bottom: 7404 No. Holes: 120 Hole size:

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

Set CIBP @ 7450
Frac'd 7384 - 7404 w/121,080 gal gal frac fluid and 250,000 # sand (1/26/12)

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: 7172 Bottom: 7865 No. Holes: 254 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/13/2012 Hours: 2 Bbls oil: 10 Mcf Gas: 44 Bbls H2O: 15Calculated 24 hour rate: Bbls oil: 120 Mcf Gas: 528 Bbls H2O: 180 GOR: 4400Test Method: Flow Casing PSI: 476 Tubing PSI: 352 Choke Size: 64/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 57Tubing Size: 2 + 3/8 Tubing Setting Depth: 7803 Tbg setting date: 02/24/2012 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: NIOBRARAStatus: PRODUCINGTreatment Date: 02/11/2012Date of First Production this formation: 08/07/2002Perforations Top: 7172 Bottom: 7190 No. Holes: 36 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

CFP set @ 7230.

Frac'd 7172-7190 w/ 141,059 gal frac fluid and 250,900 # sand. (2/11/12)

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: Jane WashbusnTitle: Operations Technologist Date: _____ Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400287948	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)