

FORM  
5A

Rev  
06/12

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:

400324382

Date Received:

12/10/2012

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: Sheilla Reed-High  
Phone: (720) 876-3678  
Fax: (720) 876-4678

5. API Number 05-123-17688-00  
6. County: WELD  
7. Well Name: WOOLLEY F UNIT  
Well Number: 1  
8. Location: QtrQtr: SENW Section: 7 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: SHANNON Status: PLUGGED AND ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 5080 Bottom: 5097 No. Holes: 40 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8199 Tbg setting date: 12/15/2010 Packer Depth:  
Reason for Non-Production: Abandoned Completion  
Date formation Abandoned: 12/09/2009 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 150  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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: 12/10/2012 Email: sheilla.reedhigh@Encana.com  
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### **Attachment Check List**

Att Doc Num	Name
400324382	FORM 5A SUBMITTED
400356154	CEMENT JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)