

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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**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: JANE WASHBURN  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 623-2300  
3. Address: 370 17TH ST STE 1700 Fax: (303) 623-2400  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-19543-00 6. County: WELD  
7. Well Name: IONE Well Number: 13-4  
8. Location: QtrQtr: NWSW Section: 4 Township: 2N Range: 66W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/14/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7182</u> Bottom: <u>7426</u>	No. Holes: <u>32</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NIOBRARA REFRAC: FRAC 7182-7202' W/ 128,982 GAL FRAC FLUID AND S50,180 20/40 SAND CODELL REFRAC: FRAC 7410-7426' W/ 114,114 GAL FRAC FLUID 250,040# SAND	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/23/2010</u> Hours: <u>24</u>	Bbls oil: <u>25</u> Mcf Gas: <u>92</u> Bbls H2O: <u>62</u>
Calculated 24 hour rate:	Bbls oil: <u>25</u> Mcf Gas: <u>92</u> Bbls H2O: <u>62</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>212</u> Tubing PSI: _____ Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1240</u> API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7846</u>	Tbg setting date: <u>02/17/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Y Print Name: JANE WASHBURN

Title: ENGINEERING TECH. Date: \_\_\_\_\_ Email JANE.WASHBURN@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved *David S. Neslin*

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: 9/15/2010