

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
2509219

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: 80202-56
4. Contact Name: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-30609-00
6. County: WELD
7. Well Name: BROWN
Well Number: 41-5
8. Location: QtrQtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 04/06/2010 Date of First Production this formation:

Perforations Top: 7714 Bottom: 8408 No. Holes: 156 Hole size:

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

JSND-NBRR-CDL COMMINGLE. SET CBP @ 7450'. 04-17-10. DRILLED OIT CBP @ 7450'. 04-18-10. DRILLED OUT CFP'S @ 7820' AND 8030' TO COMMINGLE THE JSND-NBRR-CDL. 04-19-10

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/30/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 294 Bbls H2O: 45

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 294 Bbls H2O: 45 GOR: 9800

Test Method: FLOWING Casing PSI: 1430 Tubing PSI: 580 Choke Size:

Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8362 Tbg setting date: 04/19/2010 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 SAND Status: PRODUCING

Treatment Date: 04/06/2010 Date of First Production this formation: _____

Perforations Top: 8390 Bottom: 8408 No. Holes: 36 Hole size: _____

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

J SAND COMPLETION: FRAC J-SAND WITH 153,300 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,660 # 20/40 SAND. 04-06-10

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: 04/06/2010 Date of First Production this formation: _____

Perforations Top: 7714 Bottom: 7964 No. Holes: 120 Hole size: _____

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

SET CFP@8030'. 04-06-10. FRAC CODELL WITH 108,780 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,260# 20/40 SAND. 04-06-10. SET CFP@7820'. 04-06-10. FRAC'D NIOBRARA W/132,552 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,080# 20/40 SAND. 04-06-10

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: SOLD Gas Type: DRY 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: OPERATIONS TECHNOLOGIST

Date: 7/8/2010

Email SHEILLA.REEDHIGH@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.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 10/26/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509219	FORM 5A SUBMITTED	LF@2514735 2509219
2509220	WELLBORE DIAGRAM	LF@2514736 2509220

Total Attach: 2 Files