

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:

2509219

**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: 80202-56

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: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/06/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7714</u> Bottom: <u>8408</u>	No. Holes: <u>156</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>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</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/30/2010</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>294</u> Bbls H2O: <u>45</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>30</u> Mcf Gas: <u>294</u> Bbls H2O: <u>45</u> GOR: <u>9800</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1430</u> Tubing PSI: <u>580</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8362</u> Tbg setting date: <u>04/19/2010</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: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/06/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8390</u>	Bottom: <u>8408</u>	No. Holes: <u>36</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/06/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7714</u>	Bottom: <u>7964</u>	No. Holes: <u>120</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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:
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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: OPERATIONS TECHNOLOGIST

Date: 7/8/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

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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