

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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COMPLETED INTERVAL REPORT

Document Number:
2071923

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 05-014-20669-00
6. County: BROOMFIELD
7. Well Name: ALAUX
Well Number: 4-0-26
8. Location: QtrQtr: NENW Section: 26 Township: 1N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED
Treatment Date: 06/07/2010 Date of First Production this formation:
Perforations Top: 7820 Bottom: 8454 No. Holes: 120 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
JSND-NBRR COMMINGLE: DRILLED OUT CBP@ 7700' AND CFP@ 7950' TO COMMINGLE THE JSND-NBRR. 06-10-10.
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/12/2010 Hours: 24 Bbls oil: 45 Mcf Gas: 234 Bbls H2O: 100
Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 234 Bbls H2O: 100 GOR: 5200
Test Method: FLOWING Casing PSI: 1617 Tubing PSI: 600 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8422 Tbg setting date: 06/10/2010 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: 06/07/2010 Date of First Production this formation: _____

Perforations Top: 8434 Bottom: 8454 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION: FRAC THE J-SAND WITH 152,628 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,180# 20/40 SAND 06-07-10

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 Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: _____

Perforations Top: 7820 Bottom: 7840 No. Holes: 80 Hole size: _____

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

NBRR COMPLETION: SET CFP @ 7950'. 06-07-10. FRAC'D THE NIOBRARA WITH 126,378 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,120# 20/40 SAND. 06-07-10. SET CBP @ 7700'. 06-09-10.

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: _____

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 TECH Date: 10/27/2010 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: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2071923	FORM 5A SUBMITTED	LF@2609993 2071923
2071924	WELLBORE DIAGRAM	LF@2609994 2071924

Total Attach: 2 Files