

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:
2071928

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 05-123-30607-00 6. County: WELD
 7. Well Name: RAY NELSON Well Number: 33-32
 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: 04/05/2010 Date of First Production this formation: 05/29/2010
 Perforations Top: 7542 Bottom: 8226 No. Holes: 156 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 JSND-NBRR-CDL COMMINGLE: SET CBP @ 7430'. 4-12-10. DRILLED OUT CBP @ 7430' 04-13-10. DRILLED OUT CFP @ 7630' AND 7880' TO COMMINGE THE JSND-NBRR-CODL. 4-14-10
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/30/2010 Hours: 24 Bbls oil: 45 Mcf Gas: 253 Bbls H2O: 253
 Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 253 Bbls H2O: 253 GOR: 5622
 Test Method: FLOWING Casing PSI: 1732 Tubing PSI: 1052 Choke Size: _____
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1249 API Gravity Oil: 49
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8183 Tbg setting date: 04/14/2010 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: 04/05/2010 Date of First Production this formation: _____

Perforations Top: 8208 Bottom: 8226 No. Holes: 36 Hole size: _____

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

J SAND COMPLETION: FRAC THE J-SAND 8208'-8226' (36 HOLES) W/ 153,678 GAL 20# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,560# 20/40 SAND 04-05-10

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: 04/05/2010 Date of First Production this formation: _____

Perforations Top: 7542 Bottom: 7790 No. Holes: 120 Hole size: _____

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

NBRR-CDL COMPLETION: SET CFP @ 7880'. FRAC'D THE CODELL 7770'-7790' (40 HOLES) W/ 108,654 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,380# 20/40 SAND. 04-05-10. SET CFP @ 7630'. 04-05-10. FRAC'D THE NIOBRARA 7542' - 7562' (80 HOLES), W/ 132,384 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,300# 20/40 SAND. 04-05-10.

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 SHIELLA.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: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2071927	WELLBORE DIAGRAM	LF@2609990 2071927
2071928	FORM 5A SUBMITTED	LF@2609989 2071928

Total Attach: 2 Files