

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:

2554986

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: JANE WASHBURN
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-22016-00
6. County: WELD
7. Well Name: ROBERT NELSON Well Number: 14-32
8. Location: QtrQtr: SWSW Section: 32 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/27/2010 Date of First Production this formation: _____

Perforations Top: 7030 Bottom: 7309 No. Holes: 176 Hole size: _____

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

NIOBRARA - FRAC'D WITH 137,928 GAL FRAC FLUID CONTAINING 250,040 # SAND
CODELL - FRAC'D WITH 120,834 GAL FRAC FLUID CONTAINING 250,680 # SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/29/2010 Hours: 5 Bbls oil: 33 Mcf Gas: 126 Bbls H2O: 32

Calculated 24 hour rate: _____ Bbls oil: 158 Mcf Gas: 605 Bbls H2O: 154 GOR: 3829

Test Method: FLOWING Casing PSI: 608 Tubing PSI: 280 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1285 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7692 Tbg setting date: 04/23/2010 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: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JANE WASHBURN

Title: ENGINEERING TECH Date: 5/25/2010 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.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2554986	FORM 5A SUBMITTED

Total Attach: 1 Files