

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:

2554986

**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: JANE WASHBURN  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431  
City: DENVER State: CO Zip: 80202-56

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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/27/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7030</u> Bottom: <u>7309</u>	No. Holes: <u>176</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NIOBRARA - FRAC'D WITH 137,928 GAL FRAC FLUID CONTAINING 250,040 # SAND</u> <u>CODELL - FRAC'D WITH 120,834 GAL FRAC FLUID CONTAINING 250,680 # SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/29/2010</u> Hours: <u>5</u> Bbls oil: <u>33</u> Mcf Gas: <u>126</u> Bbls H2O: <u>32</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>158</u> Mcf Gas: <u>605</u> Bbls H2O: <u>154</u> GOR: <u>3829</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>608</u> Tubing PSI: <u>280</u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1285</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7692</u> Tbg setting date: <u>04/23/2010</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: _____	

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