

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:

2071148

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 05-014-20665-00 6. County: BROOMFIELD
 7. Well Name: SEARS Well Number: #4-4-26
 8. Location: QtrQtr: SENW Section: 26 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 06/02/2010 Date of First Production this formation: _____

Perforations Top: 7612 Bottom: 8496 No. Holes: 192 Hole size: _____

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

JSND-CDL-NBRR COMMINGLE. SET CBP @ 7500'. 06/10/2010. DRILLED OUT CBP @ 7500' AND CFP @ 7900'. 06/14/2010. DRILLED OUT CFP @ 8150' TO COMMINGLE THE JSND-CDL-NBRR. 06/15/2010.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/18/2010 Hours: 24 Bbls oil: 152 Mcf Gas: 272 Bbls H2O: 179

Calculated 24 hour rate: _____ Bbls oil: 152 Mcf Gas: 272 Bbls H2O: 179 GOR: 1789

Test Method: FLOWING Casing PSI: 2107 Tubing PSI: 870 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1223 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8453 Tbg setting date: 06/15/2010 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: 06/02/2010 Date of First Production this formation: _____

Perforations Top: 8478 Bottom: 8496 No. Holes: 36 Hole size: _____

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

J SAND COMPLETION. FRAC'D THE J SAND WITH 154,350 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,520# 20/40 SAND. 06/02/2010.

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: 06/02/2010 Date of First Production this formation: _____

Perforations Top: 7612 Bottom: 8050 No. Holes: 156 Hole size: _____

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

CODL-NBRR COMPLETION. SET CFP @ 8150'. 06/02/2010. FRAC'D THE CODELL WITH 109,242 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,920# 20/40 SAND. 06/02/2010. SET CFP @ 7900'. 06/02/2010. FRAC'D THE NIOBRARA WITH 133,972 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,140# 20/40 SAND. 06/02/2010.

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

Date: 9/13/2010

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: 12/6/2010

Attachment Check List

Att Doc Num	Name
2071148	FORM 5A SUBMITTED
2071215	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)