

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2071192

1. OGCC Operator Number: 100185 4. Contact Name: SHEILLA REED-HIGH
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 8763678
3. Address: 370 17TH ST STE 1700 Fax: (720) 8764678
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30583-00 6. County: WELD
7. Well Name: DIER Well Number: 8-4-8
8. Location: QtrQtr: NESE Section: 8 Township: 2N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/29/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7982</u> Bottom: <u>8016</u>	No. Holes: <u>160</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
JSND-NBRR-CDL COMMINGLE SET CBP @ 7260 8/3/10. DRILLED OUT CBP @ 7260, CFP @ 7460 AND CFP @ 7670 TO COMMINGLE THE JSND-NBRR-CDL 8/4/10.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/11/2010</u> Hours: <u>24</u> Bbls oil: <u>76</u> Mcf Gas: <u>214</u> Bbls H2O: <u>60</u>	
Calculated 24 hour rate: Bbls oil: <u>76</u> Mcf Gas: <u>214</u> Bbls H2O: <u>60</u> GOR: <u>2816</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1634</u> Tubing PSI: <u>854</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1213</u> API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7946</u> Tbg setting date: <u>08/04/2010</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: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/29/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7982</u>	Bottom: <u>8016</u>	No. Holes: <u>56</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J SAND COMPLETION FRAC THE J-SAND WITH 155,022 GAL 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,780 # 20/40 SAND 7/29/10.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/29/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7338</u>	Bottom: <u>7572</u>	No. Holes: <u>104</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR-CDL COMPLETION SET CFP @ 7670 7/29/10. FRAC'D CODELL WITH 109956 GAL 22# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251,340 # 20/40 SAND. 7/29/10. SET CFP @ 7460 7/29/10 FRAC'D THE NIOBRARA WITH 140,280 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251,120 # 20/40 SAND. 7/29/10.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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 TECHNOLOGIST

Date: 9/14/2010

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
2071192	FORM 5A SUBMITTED
2071196	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)