

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:

2071244

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: 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 05-123-31705-00 6. County: WELD
7. Well Name: SPRAGUE Well Number: 2-8-9
8. Location: QtrQtr: SESW Section: 9 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7408</u> Bottom: <u>8056</u> No. Holes: <u>172</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
JSND-NBRR-CDL COMMINGLE SET CBP @ 7315; 8/2/10. DRILLED OUT CBP @ 7315; CFP @ 7500 AND 7710 TO COMMINGLE THE JSND-NBRR-CDL 8/3/10.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/08/2010</u> Hours: <u>24</u> Bbls oil: <u>53</u> Mcf Gas: <u>284</u> Bbls H2O: <u>68</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>53</u> Mcf Gas: <u>284</u> Bbls H2O: <u>68</u> GOR: <u>5358</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1060</u> Tubing PSI: <u>510</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8010</u> Tbg setting date: <u>08/03/2010</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: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 9/15/2010 Email SHEILLA.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: 12/7/2010

Attachment Check List

Att Doc Num	Name
2071244	FORM 5A SUBMITTED
2071245	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)