

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:

2071244

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: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7408 Bottom: 8056 No. Holes: 172 Hole size: _____

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

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: Yes No

Test Information:

Date: 08/08/2010 Hours: 24 Bbls oil: 53 Mcf Gas: 284 Bbls H2O: 68

Calculated 24 hour rate: _____ Bbls oil: 53 Mcf Gas: 284 Bbls H2O: 68 GOR: 5358

Test Method: FLOWING Casing PSI: 1060 Tubing PSI: 510 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8010 Tbg setting date: 08/03/2010 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: 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

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

Total: 0 comment(s)