

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:

2071194

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

5. API Number 05-123-30786-00
6. County: WELD
7. Well Name: DAVIS Well Number: 6-4-9
8. Location: QtrQtr: SENE Section: 9 Township: 2N Range: 66W 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: 7320 Bottom: 7978 No. Holes: 160 Hole size: _____

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

JSND-NBRR-CDL COMMINGLE
SET CBP @ 7220, 7/23/10. DRILLED OUT CBP @ 7220, CFP @ 7430 AND CFP @ 7630 TO COMMINGLE THE JSND-NBRR-CDL. 7/24/10.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/08/2010 Hours: 24 Bbls oil: 59 Mcf Gas: 320 Bbls H2O: 55

Calculated 24 hour rate: _____ Bbls oil: 59 Mcf Gas: 320 Bbls H2O: 55 GOR: 5424

Test Method: FLOWING Casing PSI: 1435 Tubing PSI: 905 Choke Size: _____

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7928 Tbg setting date: 07/24/2010 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: 07/15/2010 Date of First Production this formation: _____

Perforations Top: 7944 Bottom: 7978 No. Holes: 48 Hole size: _____

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

J SAND COMPLETION
 FRAC THE J-SAND WITH 154,980 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,940 # 20/40 SAND 7/15/10.

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: 07/15/2010 Date of First Production this formation: _____

Perforations Top: 7320 Bottom: 7532 No. Holes: 112 Hole size: _____

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

NBRR-CDL COMPLETION
 SET CFP @ 7630 7/15/10. FRAC THE CODELL WITH 110,124 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,860 # 20/40 SAND. 7/15/10.
 SET CFP @ 7430, 7/15/10. FRAC'D THE NIOBRARA WITH 140,748 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,740 # 20/40 SAND, 7/15/10.

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 TECHENOLOGIST

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: 12/14/2010

Attachment Check List

Att Doc Num	Name
2071194	FORM 5A SUBMITTED
2071197	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

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

Total: 0 comment(s)