

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:

2071529

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 05-014-20664-00 6. County: BROOMFIELD
 7. Well Name: SEARS Well Number: 22-26
 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: _____ Date of First Production this formation: _____

Perforations Top: 7590 Bottom: 8398 No. Holes: 192 Hole size: _____

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

JSND-CDL-NBRR COMMINGLE. SET CBP @ 7420'. 06-08-10. DRILLED OUT CBP@ 7420', CFP @ 7569' AND 7810' AND 8060' TO COMMINGLE THE JSND-CDL-NBRR. 06-09-10

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/13/2010 Hours: 24 Bbls oil: 116 Mcf Gas: 400 Bbls H2O: 220

Calculated 24 hour rate: _____ Bbls oil: 116 Mcf Gas: 400 Bbls H2O: 220 GOR: 3448

Test Method: FLOWING Casing PSI: 1960 Tubing PSI: 1000 Choke Size: 14/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8367 Tbg setting date: 06/09/2010 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: OPS TECHNOLOGIST Date: 12/8/2010 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: 12/14/2010

Attachment Check List

Att Doc Num	Name
2071529	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)