

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 2591777
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: <u>100185</u>	4. Contact Name: <u>SHEILA REED-HIGH</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3678</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4678</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-014-20697-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>BURY CRANDELL</u>	Well Number: <u>0-0-23</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>23</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>09/24/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7660</u> Bottom: <u>8520</u> No. Holes: <u>216</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>

JSAND-CDL-NBRR COMMINGLE SET CBP @ 7550'. 10-04-10. DRILLED OUT CBP @ 7550' CFP @ 7929' AND CFP @ 8176' TO COMMINGLE THE JSND-CDL-NBRR. 10-05-10

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>10/25/2010</u>	Hours: <u>24</u>	Bbls oil: <u>120</u>	Mcf Gas: <u>323</u>	Bbls H2O: <u>72</u>
Calculated 24 hour rate:	Bbls oil: <u>120</u>	Mcf Gas: <u>323</u>	Bbls H2O: <u>72</u>	GOR: <u>2692</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2180</u>	Tubing PSI: <u>1080</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8464</u>	Tbg setting date: <u>10/05/2010</u>	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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/24/2010 Date of First Production this formation: _____

Perforations Top: 8500 Bottom: 8520 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION
FRAC'D THE J SAND WITH 1600 BBL VISTAR HYBRID CROSS LINK GEL CONTAINING 250260# 20/40 SD. 09-24-10

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: 09/24/2010 Date of First Production this formation: _____

Perforations Top: 7660 Bottom: 8078 No. Holes: 176 Hole size: _____

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

CDL-NBRR COMPLETION
SET CFP @ 8176'. 09-24-10. FRAC'D THE CODELL WITH 80724 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,420 # 30/50 SD. 09-24-10
SET CFP @ 7929'. 09-24-10
FRAC'D THE NIOBRARA A & B WITH 91392 GAL 18# VISTAR HYBRID LINKE GEL CONTAINING 250,080# 30/50 SD. 09-27-10

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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 12/13/2010 Email SHEILA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2591777	FORM 5A SUBMITTED
2591778	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)