

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: 2591569
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>05-123-31421-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>IONE</u>	Well Number: <u>41-2</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>2</u> Township: <u>2N</u> Range: <u>66W</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>08/27/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7378</u> Bottom: <u>8080</u>	No. Holes: <u>148</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
JSND-CDL-NBRR COMMINGLE	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/18/2010</u> Hours: <u>24</u>	Bbls oil: <u>47</u> Mcf Gas: <u>279</u> Bbls H2O: <u>60</u>
Calculated 24 hour rate: _____	Bbls oil: <u>47</u> Mcf Gas: <u>279</u> Bbls H2O: <u>60</u> GOR: <u>5936</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1099</u> Tubing PSI: <u>432</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>7989</u>	Tbg setting date: <u>10/12/2010</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: _____	

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/27/2010 Date of First Production this formation: _____

Perforations Top: 8022 Bottom: 8080 No. Holes: 52 Hole size: _____

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

JSAND COMPLETION. FRAC'D THE J-SAND WITH 154,644 GAL 18# VISTAR HYBRID X-LINED GEL CONTAINING 251-040# 20/40 SAND 8/27/10

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/27/2010 Date of First Production this formation: _____

Perforations Top: 7378 Bottom: 7584 No. Holes: 96 Hole size: _____

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

CD-NB COMPLETION. SET CFP@7700'. FRAC'D CD WITH 111,384 GAL 22# VISTAR HYBRID X-LINKED GEL CONTAINING 250,900# 30/50 SAND. 8/27/10. SET CFP @ 7500'. FRAC'D NB WITH 144,228 GAL 18# VISTAR HYBRID X-LINKED GEL CONTAINING 251,800# 30/50 SAND 8/30/10

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: 12/7/2010 Email SHEILA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2591569	FORM 5A SUBMITTED
2591570	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ INFO FOR THE JSAND AND THE NB-CD FORMATIONS	5/25/2011 9:33:29 AM

Total: 1 comment(s)