

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">1633931</div>				
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>SHEILLA 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>05-014-20659-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>HELEN</u>	Well Number: <u>34-23</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>23</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/26/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7462</u> Bottom: <u>8350</u> No. Holes: <u>196</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
JSND-NBRR-CDL COMMINGLE. SET CBP @ 7400'. 12/01/2010. DRILLED OUT CBP @ 7400', CFP @7740', 7973', 7990' TO COMMINGLE THE JSND-NBRR-CDL. 12/02/2010.	

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>12/04/2010</u>	Hours: <u>24</u>	Bbls oil: <u>115</u>	Mcf Gas: <u>240</u>	Bbls H2O: <u>75</u>
Calculated 24 hour rate:	Bbls oil: <u>115</u>	Mcf Gas: <u>240</u>	Bbls H2O: <u>75</u>	GOR: <u>2087</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1530</u>	Tubing PSI: <u>826</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1252</u>	API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8308</u>	Tbg setting date: <u>12/02/2010</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: 11/05/2010 Date of First Production this formation: _____

Perforations Top: 8334 Bottom: 8350 No. Holes: 32 Hole size: _____

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

J SAND COMPLETION. FRAC THE J-SAND WITH 153,384 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,800 # 20/40 SAND. 11/05/2010.

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: 11/26/2010 Date of First Production this formation: _____

Perforations Top: 7462 Bottom: 7906 No. Holes: 164 Hole size: _____

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

CDL-NBRR COMPLETION. SET CFP @ 7990'. 11/05/2010. SET CFP @ 7973'. 11/24/2010. FRAC'D THE CODELL WITH 106,680 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 242,140 # 30/50 SAND. 11/26/2010. SET CFP @ 7740'. 11/26/2010. FRAC'D THE NIOBRARA WITH 140,784 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 206,410 # 30/50# SAND. 11/30/2010.

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: SHEILLA REED-HIGH

Title: OPERATIONS Date: 2/15/2011 Email SHEILLA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
1633931	FORM 5A SUBMITTED
1633932	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)