



Document Number:

400170990

COMPLETED INTERVAL REPORT

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-HIGH
Phone: (720) 876-3678
Fax: (720) 786-4678

5. API Number 05-014-20688-00
6. County: BROOMFIELD
7. Well Name: HELEN
Well Number: 0-4-23
8. Location: QtrQtr: NWSW Section: 23 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/16/2010 Date of First Production this formation: _____
Perforations Top: 8112 Bottom: 8130 No. Holes: 268 Hole size: _____

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

CD-NB COMPLETION. FRAC'D CD W/109,200 GAL 22# VISTAR HYBRID X-LINKED GEL CONTAINING 250,120# 20/40 SAND. 12 SET CFP@8050' 12/8/10. FRAC'D NB-C W/132,720 GALS 22-18# VISTR HYBRID X-LINKED GEL CONTAINING 250,500# 20/40 SAND. SET CFP@7920 12/8/10. FRAC'D NB-A&B W/138,390 GALS 22-18# VISTAR HYBRID X-LINKED GEL CONTAINING 250,540# 20/40 SAND 12/8/10. SET CBP@7700' 12/15/10. DRILLED OUT CBP@7700' AND 8050' TO COMMINGLE CD-NBBR 12/16/10

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/25/2010 Hours: 24 Bbls oil: 68 Mcf Gas: 168 Bbls H2O: 200
Calculated 24 hour rate: Bbls oil: 68 Mcf Gas: 168 Bbls H2O: 200 GOR: 2471
Test Method: FLOWING Casing PSI: 2303 Tubing PSI: 1485 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1169 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8086 Tbg setting date: 12/16/2010 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 TECH

Date: 2/21/2011

Email _____
:

Attachment Check List

Att Doc Num	Name
400170990	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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