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|--|--|---|---|----|----|----|----|
| <b>FORM<br/>5A</b><br><br>Rev<br>02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">2592465</div> | DE | ET | OE | ES |
| DE   | ET   | OE  | ES  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>   |  |   |   |    |    |    |    |
| <p>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.</p> |  |   |   |    |    |    |    |
| 1. OGCC Operator Number: <u>100185</u>   |  | 4. Contact Name: <u>SHEILLA REED-HIGH</u>   |   |    |    |    |    |
| 2. Name of Operator: <u>ENCANA OIL &amp; 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>05-123-31529-00</u>   |  | 6. County: <u>WELD</u>  |   |    |    |    |    |
| 7. Well Name: <u>EDITH ANN</u>   |  | Well Number: <u>8-8-21</u>  |   |    |    |    |    |
| 8. Location: QtrQtr: <u>SESE</u>   | Section: <u>21</u>   | Township: <u>2N</u>   | Range: <u>68W</u> Meridian: <u>6</u>  |    |    |    |    |
| 9. Field Name: <u>WATTENBERG</u>   |  | Field Code: <u>90750</u>  |   |    |    |    |    |
| <u>Completed Interval</u>  |  |   |   |    |    |    |    |
| FORMATION: <u>J-NIOBRARA-CODELL</u>  |  | Status: <u>COMMINGLED</u>   |   |    |    |    |    |
| Treatment Date: <u>09/26/2010</u>  |  | Date of First Production this formation: _____                                      |   |    |    |    |    |
| Perforations Top: <u>7398</u>  | Bottom: <u>8070</u>  | No. Holes: <u>156</u>   | Hole size: _____  |    |    |    |    |
| Provide a brief summary of the formation treatment:  |  | Open Hole: <input type="checkbox"/>   |   |    |    |    |    |
| JSND-CDL-NBRR COMMINGLE. SET CBP @ 7330'. 10/20/2010. DRILLED OUT CBP @ 7330'. CFP @ 7880' AND CFP @ 7510' TO COMMINGLE THE JSND-CDL NBRR. 10/21/2010.   |  |   |   |    |    |    |    |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |   |    |    |    |    |
| <b>Test Information:</b>   |  |   |   |    |    |    |    |
| Date: <u>10/24/2010</u>  | Hours: <u>24</u>   | Bbls oil: <u>48</u>   | Mcf Gas: <u>216</u> Bbls H2O: <u>53</u>   |    |    |    |    |
| Calculated 24 hour rate:   |  | Bbls oil: <u>48</u>   | Mcf Gas: <u>216</u> Bbls H2O: <u>53</u> GOR: <u>45000</u>   |    |    |    |    |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>370</u>   | Tubing PSI: <u>486</u>  | Choke Size: _____   |    |    |    |    |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>DRY</u>   | BTU Gas: <u>1215</u>  | API Gravity Oil: <u>52</u>  |    |    |    |    |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>8024</u>  | Tbg setting date: <u>10/21/2010</u>   | Packer Depth: _____   |    |    |    |    |
| Reason for Non-Production:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |  |   |   |    |    |    |    |
| 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: <u>J SAND</u>   |                             | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>09/23/2010</u>  |                             | Date of First Production this formation: _____                      |   |
| Perforations   | Top: <u>8052</u>            | Bottom: <u>8070</u>   | No. Holes: <u>36</u> Hole size: _____               |
| Provide a brief summary of the formation treatment:  |                             | Open Hole: <input type="checkbox"/>                                 |   |
| J SAND COMPLETION. FRAC'D THE J-SAND WITH 153,048 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,020 # 20/40 SAND. 09/23/2010. |                             |   |   |
| This formation is commingled with another formation:   |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |                             |   |   |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, number of sacks cmt _____                   |
| Bridge Plug Depth: _____   |                             | Sacks cement on top: _____  |   |

|  |                             |   |   |
|--|-----------------------------|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u>  |                             | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>09/26/2010</u>  |                             | Date of First Production this formation: _____                      |   |
| Perforations   | Top: <u>7398</u>            | Bottom: <u>7628</u>   | No. Holes: <u>132</u> Hole size: _____              |
| Provide a brief summary of the formation treatment:  |                             | Open Hole: <input type="checkbox"/>                                 |   |
| CDL-NBRR COMPLETION. SET CFP @ 7880'. 09/23/2010. FRAC'D THE CODELL WITH 92,148 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,740 # 30/50 SAND. 09/26/2010. SET CFP @ 7510'. 09/26/2010. FRAC'D THE NIOBRARA WITH 108,108 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 242,990 # 30/50 SAND. 09/26/2010. |                             |   |   |
| This formation is commingled with another formation:   |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |                             |   |   |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/1/2010 Email SHEILLA.REEDHIGH@ENCANA.COM  
:

### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2592465     | FORM 5A SUBMITTED |
| 2592466     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)