


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1634597</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>05-014-20672-00</u>		6. County: <u>BROOMFIELD</u>					
7. Well Name: <u>BURY CRANDELL</u>		Well Number: <u>12-23</u>					
8. Location: QtrQtr: <u>NWSW</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>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>12/27/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>7854</u>	Bottom: <u>8694</u>	No. Holes: <u>264</u>	Hole size: _____				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
JSND-CDL-NBRR COMMINGLE. SWET CBP @ 7840'. 12-17-10. DRILLED OUT CBP @ 7840'M CFO @ 8130' AND 8340' TO COMMINGLE THE JSND-CDL-NBRR. 12-18-10.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>12/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>77</u>	Mcf Gas: <u>750</u> Bbls H2O: <u>152</u>				
Calculated 24 hour rate:		Bbls oil: <u>77</u>	Mcf Gas: <u>750</u> Bbls H2O: <u>152</u> GOR: <u>9740</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>2296</u>	Tubing PSI: <u>1243</u>	Choke Size: _____				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1169</u>	API Gravity Oil: <u>55</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8665</u>	Tbg setting date: <u>12/18/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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>12/15/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>8678</u>	Bottom: <u>8694</u>	No. Holes: <u>28</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J SAND COMPLETION. FRAC'D THE J SAND W/ 154,812 GAL 16# VISTAR HYBRID X-LINKED GEL CONTAINING 250,800# 20/40 SAND. 12/10/10					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input 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>12/16/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7854</u>	Bottom: <u>8260</u>	No. Holes: <u>236</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CD-NB COMPLETION. SET CFP@8840' FRAC'D CD W/109,326 GAL 22# VISTAR HYBRID X-LINKED GEL CONTAINING 260,680# 20/40 SAND 12/10/10. SET CFP@8130' FRAC'D NB W/139,944 GAL 18# VISTAR HYBRID X-LINKED GEL CONTAINING 250,680# 20/40 SAND. 12/10/10					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input 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: 2/20/2011 Email SHEILLA.REEDHIGH@ENCANA.COM  
:

### **Attachment Check List**

Att Doc Num	Name
1634597	FORM 5A SUBMITTED
1634598	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)