


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				
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1634261</div>								
<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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>100185</u></td> <td style="width: 50%;">4. Contact Name: <u>SHEILLA REED-HIGH</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u></td> <td>Phone: <u>(720) 876-3678</u></td> </tr> <tr> <td>3. Address: <u>370 17TH ST STE 1700</u></td> <td>Fax: <u>(720) 876-4678</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u></td> <td></td> </tr> </table>				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>	
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Treatment Date: _____	Date of First Production this formation: _____										
Perforations Top: <u>7590</u> Bottom: <u>8486</u>	No. Holes: <u>228</u> Hole size: _____										
Provide a brief summary of the formation treatment: _____											
Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> JSND-CDL-NBRR COMMINGLE SET CBP @ 7360', 01-10-11. DRILLED OUT CBP @ 7360', CFP @ 7880', AND 8130' TO COMMINGLE THE JSND-CDL-NBRR. 01-12-11 </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: <u>01/25/2011</u> Hours: <u>24</u> Bbls oil: <u>60</u> Mcf Gas: <u>242</u> Bbls H2O: <u>53</u>											
Calculated 24 hour rate: Bbls oil: <u>60</u> Mcf Gas: <u>242</u> Bbls H2O: <u>53</u> GOR: <u>4033</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>1286</u> Tubing PSI: <u>545</u> Choke Size: _____											
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1</u> API Gravity Oil: <u>51</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8446</u> Tbg setting date: <u>01/12/2011</u> Packer Depth: _____											
Reason for Non-Production: _____											
<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>12/13/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8470</u>	Bottom: <u>8486</u>	No. Holes: <u>32</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>J SAND COMPLETION FRAC'D THE J SAND WITH 158,886 GAL 15# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,540# 20/40 SAND. 12-13-10</p>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <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>12/13/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7590</u>	Bottom: <u>8040</u>	No. Holes: <u>196</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>CDL-NBRR COMPLETION SET CFP @ 8130', 12-13-10. FRAC'D THE CODELL WITH 109,158 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,520# 20/40 SAND. 12-13-10 SET CFP @ 7880', 12-13-10 FRAC'D THE NIOBRARA WITH 131,334 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,420# 20/40 SAND 12-13-10</p>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <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 D REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 2/19/2011 Email SHEILLA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
1634261	FORM 5A SUBMITTED
1634262	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)