


<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="text-align: center; font-weight: bold; font-size: 1.2em;">1634321</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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.											
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Treatment Date: <u>01/28/2011</u> Date of First Production this formation: _____											
Perforations Top: <u>7278</u> Bottom: <u>7536</u> No. Holes: _____ Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;">           NIOBRARA - FRAC'D 154770 GAL FRAC FLUID AND 250920 # SAND            CODELL - FRAC'D WITH 123270 GAL FRAC FLUID AND 251000 # SAND         </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
Date: <u>02/22/2011</u> Hours: <u>23</u> Bbls oil: <u>25</u> Mcf Gas: <u>234</u> Bbls H2O: <u>20</u>											
Calculated 24 hour rate: Bbls oil: <u>26</u> Mcf Gas: <u>244</u> Bbls H2O: <u>21</u> GOR: <u>9385</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>665</u> Tubing PSI: <u>128</u> Choke Size: <u>22/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1330</u> API Gravity Oil: <u>49</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7912</u> Tbg setting date: <u>02/15/2011</u> 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: JANE WASHBURN

Title: ENGINEERING TECHNOLOGIST Date: 3/1/2011 Email JANE.WASHBURN@ENCANA.COM  
:

### **Attachment Check List**

Att Doc Num	Name
1634321	FORM 5A SUBMITTED
1634322	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)