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| 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 |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">1635301</div> | | | | |
| 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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|--|--|
| 1. OGCC Operator Number: <u>100185</u> | 4. Contact Name: <u>SHEILA 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> | |

| | |
|--|------------------------------|
| 5. API Number <u>05-014-20694-00</u> | 6. County: <u>BROOMFIELD</u> |
| 7. Well Name: <u>BAKER</u> | Well Number: <u>4-2-27</u> |
| 8. Location: QtrQtr: <u>SWNE</u> Section: <u>27</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

| | |
|--|--|
| FORMATION: <u>J-NIOBRARA-CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>01/14/2011</u> | Date of First Production this formation: _____ |
| Perforations Top: <u>7634</u> Bottom: <u>8540</u> No. Holes: <u>220</u> Hole size: _____ | |
| Provide a brief summary of the formation treatment: _____ | Open Hole: <input type="checkbox"/> |

JSND-CDL-NBRR COMMINGLE
 SET CBP @ 7580'. 01-25-11. DRILLED OUT @ 7580', CFP @ 8000' AND 8190' TO COMMINGLE THE JSND-CDL-NBRR. 01-26-11

This formation is commingled with another formation: Yes No

Test Information:

| | | | | |
|------------------------------|-----------------------------------|-------------------------------------|----------------------------|----------------------|
| Date: <u>01/18/2011</u> | Hours: <u>24</u> | Bbls oil: <u>46</u> | Mcf Gas: <u>100</u> | Bbls H2O: <u>110</u> |
| Calculated 24 hour rate: | Bbls oil: <u>469</u> | Mcf Gas: <u>100</u> | Bbls H2O: <u>110</u> | GOR: <u>2174</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1281</u> | Tubing PSI: _____ | Choke Size: _____ | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>1212</u> | API Gravity Oil: <u>49</u> | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>8513</u> | Tbg setting date: <u>01/26/2011</u> | 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/14/2011 Date of First Production this formation: _____

Perforations Top: 8524 Bottom: 8540 No. Holes: 32 Hole size: _____

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

J SAND COMPLETION
FRAC'D THE J-SAND WITH 157794 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250240 # 20/40 SAND. 01-14-11

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/14/2011 Date of First Production this formation: _____

Perforations Top: 7634 Bottom: 8094 No. Holes: 188 Hole size: _____

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

CDL-NBRR COMPLETION
SET CFP @ 8190', 01-14-11, FRAC'D THE CODELL WITH 106638 GAL 22# TO 18# VISTAR CROSS LINKED GEL CONTAINING 250260# 20/40 SAND. 01-14-11
SET CFP @ 8000', 01-14-11. FRAC'D THE NIOBRARA WITH 130242 GASL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250220 # 20/40 SAND. 01-14-11

This formation is commingled with another formation: Yes 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: Yes 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: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 3/25/2011 Email SHEILA.REEDHIGH@ENCANA.COM
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 1635301 | FORM 5A SUBMITTED |
| 1635302 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)