


<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;">1635301</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>SHEILA 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>05-014-20694-00</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>					
<u>Completed Interval</u>							
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
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: <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>01/14/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8524</u>	Bottom: <u>8540</u>	No. Holes: <u>32</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<b>J SAND COMPLETION</b> 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:		<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>01/14/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7634</u>	Bottom: <u>8094</u>	No. Holes: <u>188</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<b>CDL-NBRR COMPLETION</b> 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:		<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: _____
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**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  
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### **Attachment Check List**

Att Doc Num	Name
1635301	FORM 5A SUBMITTED
1635302	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)