


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1636589</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<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 & 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>05-123-32752-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>KENYON</u>		Well Number: <u>8-8-19</u>					
8. Location: QtrQtr: <u>SESE</u>	Section: <u>19</u>	Township: <u>2N</u>	Range: <u>68W</u> Meridian: <u>6</u>				
9. Field Name: <u>SPINDLE</u>		Field Code: <u>77900</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: _____		Date of First Production this formation: _____					
Perforations Top: <u>7552</u>	Bottom: <u>8212</u>	No. Holes: <u>184</u>	Hole size: _____				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
JSND-CDL-NBRR COMMINGLE. SET CBP @ 7500'. 04/30/2011. DRILLED OUT CBP @ 7500', CFP @ 7710' AND 7870' TO COMMINGLE THE JSND-CDL-NBRR. 05/01/2011.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/04/2011</u>	Hours: <u>24</u>	Bbls oil: <u>104</u>	Mcf Gas: <u>825</u> Bbls H2O: <u>60</u>				
Calculated 24 hour rate:		Bbls oil: <u>104</u>	Mcf Gas: <u>825</u> Bbls H2O: <u>60</u> GOR: <u>7933</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1330</u>	Tubing PSI: <u>840</u>	Choke Size: _____				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1308</u>	API Gravity Oil: <u>49</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8174</u>	Tbg setting date: <u>05/01/2011</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>03/16/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8196</u>	Bottom: <u>8212</u>	No. Holes: <u>32</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J SAND COMPLETION. FRAC'D THE J-SAND 8196'-8212'. (32 HOLES) W/160,247 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,300 # 20/40 SAND. 03/16/2011.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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>03/17/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7552</u>	Bottom: <u>7782</u>	No. Holes: <u>152</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CDL-NBRR COMPLETION. SET CFP @ 7870'. 03/16/2011. FRAC'D THE CODELL 7762'-7782' (40 HOLES) W/108,444 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,020 # 30/50 SAND. 03/17/2011. SET CFP @ 7710'. 03/17/2011. FRAC'D THE NIOBRARA 7552'-7570', 7662'-7672' (112 HOLES) W/135,597 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 249,920 # 30/50 SAND. 03/17/2011.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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 REED-HIGH

Title: OPERATIONS Date: 5/24/2011 Email SHEILLA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
1636589	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)