

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; font-weight: bold;">2537304</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.							

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>05-123-32761-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>KENYON</u>	Well Number: <u>8-4-19</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>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J-D-CODELL-NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>7706</u> Bottom: <u>8396</u>	No. Holes: <u>208</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
JSND-CDL-NBRR COMMINGLE SEP CBP @ 7650'. 05/02/11. DRILLED OUT CBP @ 7650', CFP'S @ 7870' AND 8060' TO COMMINGLE THE JSND-CDL-NBRR. 05-03-11	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/06/2011</u> Hours: <u>24</u>	Bbls oil: <u>100</u> Mcf Gas: <u>460</u> Bbls H2O: <u>85</u>
Calculated 24 hour rate:	Bbls oil: <u>100</u> Mcf Gas: <u>460</u> Bbls H2O: <u>85</u> GOR: <u>4600</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1820</u> Tubing PSI: <u>1090</u> Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1305</u> API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8338</u>	Tbg setting date: <u>05/03/2011</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: J SAND Status: COMMINGLED

Treatment Date: 03/15/2011 Date of First Production this formation: 03/15/2011

Perforations Top: 8372 Bottom: 8396 No. Holes: 48 Hole size: _____

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

J SAND COMPLETION
FRAC'D THE J-SAND 8372'-8396', (48 HOLES) W/ 154951 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251700 # 20/40 SAND. 3-15-11

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: COMMINGLED

Treatment Date: 03/16/2011 Date of First Production this formation: _____

Perforations Top: 7706 Bottom: 7960 No. Holes: 160 Hole size: _____

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

CDL-NVRR COMPLETION
SET CFP @ 8060'. 03-15-11. FRAC'D THE CODELL CODELL 7940'-7960',(40 HOLES) W/ 110964 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250120 # 30/50 SAND. 03-16-11
SET CFP @ 7870'. 03-16-11. FRAC'D THE NIOBRARA 7706'-7726'M 7814'-7824'(120 HOLES) W/133224 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250250 # 30/50 SAND. 03-16-11

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 D REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 6/2/2011 Email SHEILA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2537304	FORM 5A SUBMITTED
2537305	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)