


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: 2537306	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
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> 2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u> 3. Address: <u>370 17TH ST STE 1700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>		4. Contact Name: <u>SHEILA REED-HIGH</u> Phone: <u>(720) 876-3678</u> Fax: <u>(720) 876-4678</u>					
5. API Number <u>05-123-32758-00</u> 7. Well Name: <u>KENYON</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>		6. County: <u>WELD</u> Well Number: <u>8-6-19</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-D-CODELL-NIOBRARA</u>		Status: <u>PRODUCING</u>					
Treatment Date: _____		Date of First Production this formation: _____					
Perforations Top: <u>7526</u>	Bottom: <u>8186</u>	No. Holes: <u>156</u>	Hole size: _____				
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>					
JSAND-CDL-NBRR COMMINGLE SET CBP @ 7480'. 05-04-11. DRILLED OUT CBP @ 7480'. CFP'S @ 7640' AND 7850' TO COMMINGLE THE JSND-CDL-NBRR							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/14/2011</u>	Hours: <u>24</u>	Bbls oil: <u>34</u>	Mcf Gas: <u>211</u>				
Calculated 24 hour rate:	Bbls oil: <u>34</u>	Mcf Gas: <u>211</u>	Bbls H2O: <u>31</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1318</u>	Tubing PSI: <u>724</u>	Choke Size: <u>14/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>51</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8139</u>	Tbg setting date: <u>05/05/2011</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: _____							

FORMATION: <u>J SAND</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/15/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8168</u>	Bottom: <u>8186</u>	No. Holes: <u>36</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>J SAND COMPLETION FRAC'D THE J-SAND 8168'-8186'. (36 HOLES) W/ 154140 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250000 # 20/40 SAND. 03-15-11</p>			
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>COMMINGLED</u>	
Treatment Date: <u>03/16/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7526</u>	Bottom: <u>7774</u>	No. Holes: <u>120</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>CDL-NBRR COMPLETION SEP CFP @ 7850'. 03-15-11. FRAC'D THE CODELL 7754' - 7774'. (40 HOLES) W/ 110712 GALS 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251060 # 30/500 SAND. 03-15-11 SET CFP @ 7640' 03-15-11 FRAC'D THE NIOBRARA 7526'-7546' (80 HOLES) E/ 135366 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250080 # 30/50 SAND. 03-16-11.</p>			
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: SHEILA D REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 6/5/2011 Email SHEILA.REED-HIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2537306	FORM 5A SUBMITTED
2537307	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)