


<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;">2586619</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>JANE WASHBURN</u>					
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>		Phone: <u>(720) 876-5431</u>					
3. Address: <u>370 17TH ST STE 1700</u>		Fax: <u>(720) 876-6431</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202-56</u>					
5. API Number <u>05-123-25942-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>GRENAMEYER</u>		Well Number: <u>4-6-26</u>					
8. Location: QtrQtr: <u>SESW</u>	Section: <u>26</u>	Township: <u>1N</u>	Range: <u>67W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/13/2011</u>		Date of First Production this formation: _____					
Perforations Top: <u>7406</u>	Bottom: <u>7820</u>	No. Holes: <u>148</u>	Hole size: <u>42/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NBRR - FRAC'D W/ 141834 GAL FRAC FLUID AND 252080 # SAND CDL - FRAC'D W/ 129612 GAL FRAC FLUID AND 251740 # SAND 4/27/11: DRILLED OUT CBP @ 7670' AND CIBP @ 7880'.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>05/06/2011</u>	Hours: <u>4</u>	Bbls oil: <u>9</u>	Mcf Gas: <u>47</u> Bbls H2O: <u>14</u>				
Calculated 24 hour rate:		Bbls oil: <u>54</u>	Mcf Gas: <u>282</u> Bbls H2O: <u>84</u> GOR: <u>5222</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>405</u>	Tubing PSI: <u>90</u>	Choke Size: <u>64/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>46</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8220</u>	Tbg setting date: <u>04/28/2011</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: _____					
Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: JANE WASHBURN

Title: OPERATIONS TECHNOLOGIST Date: 6/14/2011 Email JANE.WASHBURN@ENCANA.COM  
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### **Attachment Check List**

Att Doc Num	Name
2586619	FORM 5A SUBMITTED
2586620	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)