

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



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COMPLETED INTERVAL REPORT

Document Number:

2507677

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.

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|--|---------------------------------------|
| 1. OGCC Operator Number: <u>100185</u> | 4. Contact Name: <u>JANE WASHBURN</u> |
| 2. Name of Operator: <u>ENCANA OIL & 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-</u> | |

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|--|--------------------------|
| 5. API Number <u>05-123-22354-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>WANDELL</u> | Well Number: <u>24-7</u> |
| 8. Location: QtrQtr: <u>NENW</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u> | |

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7380 Bottom: 8086 No. Holes: 220 Hole size: _____

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

CIBP SET @ 7760' 2/19/2011. DRILLED OUT 3/2/2011. TUBING SET ON 3/2/11 AND COMMINGLED ON 3/5/2011.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/12/2011 Hours: 16 Bbls oil: 21 Mcf Gas: 207 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 310 Bbls H2O: 6 GOR: 9688

Test Method: FLOWING Casing PSI: 4898 Tubing PSI: 150 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7912 Tbg setting date: 03/02/2011 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: PRODUCING

Treatment Date: 02/19/2011 Date of First Production this formation: _____

Perforations Top: 7380 Bottom: 7640 No. Holes: 220 Hole size: _____

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

NIOBRARA - FRAC'D 147798 GAL FRAC FLUID AND 211500 # SAND
CODELL - FRAC'D WITH 122566 GAL FLUID AND 250320 # SAND

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: _____

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

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2507677 | FORM 5A SUBMITTED |
| 2507678 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)