

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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Document Number:

2285225

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: 100185

2. Name of Operator: ENCANA OIL & GAS (USA) INC

3. Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 80202-

4. Contact Name: SHEILLA REED-HIGH

Phone: (720) 876-3678

Fax: (720) 876-4678

5. API Number 05-123-30811-00

7. Well Name: KUNER

8. Location: QtrQtr: SENE Section: 25 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 8-2-25

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 08/04/2011Date of First Production this formation: 08/25/2011Perforations Top: 7108 Bottom: 7150 No. Holes: 52 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

JSND COMPLETION. FRAC'D THE J-SAND 7136'-7150' AND 7108'-7120' (52 HOLES) W/65,478 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,000# 20/40 SAND. 08/04/11.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/26/2011 Hours: 24 Bbls oil: 110 Mcf Gas: 309 Bbls H2O: 210Calculated 24 hour rate: Bbls oil: 110 Mcf Gas: 309 Bbls H2O: 210 GOR: 2809Test Method: FLOWING Casing PSI: 869 Tubing PSI: _____ Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1135 API Gravity Oil: 49

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-CODELLStatus: PRODUCINGTreatment Date: 08/04/2011Date of First Production this formation: 08/25/2011Perforations Top: 6370 Bottom: 6660 No. Holes: 232 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDL-NBRR COMPLETION. SET CFP @ 6710'. FRAC'D THE CODELL 6646'-6660'. (28 HOLES) W/90,497 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,060# 40/70 SAND. 08/04/2011. SET CFP @ 6540'. 08/04/2011. FRAC'D THE NIOBRARA 6370'-6390'. 6458'-6489' (204 HOLES) W/97,574 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,000# 40/70 SAND. 08/04/2011.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/26/2011 Hours: 24 Bbls oil: 110 Mcf Gas: 309 Bbls H2O: 210Calculated 24 hour rate: Bbls oil: 110 Mcf Gas: 309 Bbls H2O: 210 GOR: 2809Test Method: FLOWING Casing PSI: 869 Tubing PSI: _____ Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1135 API Gravity Oil: 49

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: SHEILLA REED-HIGH

Title: OPERATIONS

Date: 10/13/2011

Email : SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2285225 | FORM 5A SUBMITTED |
| 2285226 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)