

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:

2285733

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>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>	

5. API Number <u>05-123-23130-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>IONE</u>	Well Number: <u>6-4-10</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7240 Bottom: 7976 No. Holes: 164 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole:

CIBP SET AT 7350' AND 7515' ON 06/15/2011; DRILLED OUT 6/23/2011. PRODUCTION TUBING 2-3/8 @ 7921'. COMMINGLED ON 6/26/11.

This formation is commingled with another formation: Yes No**Test Information:**Date: 07/01/2011 Hours: 14 Bbls oil: 9 Mcf Gas: 136 Bbls H2O: 22Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 233 Bbls H2O: 38 GOR: _____Test Method: FLOWING Casing PSI: 552 Tubing PSI: 271 Choke Size: 20/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 7921 Tbg setting date: 06/23/2011 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-CODELLStatus: PRODUCINGTreatment Date: 06/15/2011 Date of First Production this formation: _____Perforations Top: 7240 Bottom: 7480 No. Holes: 96 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole:

NIOBRARA 7240'-7256' FRAC'D W/250,880 SAND IN 138,054 GAL FRAC FLUID 06/15/2011. CODELL 7464'-7480' FRAC'D W/250,940 SAND IN 121,086 GAL FRAC FLUID 06/15/2011.

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

Title: JANE WASHBURN

Date: 10/25/2011

Email: JANE.WASHBURN@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2285733	FORM 5A SUBMITTED
2285734	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)