

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:
400248544

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 05-123-31747-00
6. County: WELD
7. Well Name: PURITAN Well Number: 4-6-34
8. Location: QtrQtr: NWSE Section: 34 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: 12/13/2011
Perforations Top: 7569 Bottom: 8270 No. Holes: 200 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:
Set CBP @ 7510'. 01-23-12. Drilled out CBP @ 7510', CFP @ 7640', 7880' to commingle the JSND-NBRR-CDL. 01-24-12
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/27/2012 Hours: 24 Bbls oil: 32 Mcf Gas: 204 Bbls H2O: 51
Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 204 Bbls H2O: 51 GOR: _____
Test Method: FLOWING Casing PSI: 1401 Tubing PSI: 401 Choke Size: 12
Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8224 Tbg setting date: 01/24/2012 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: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400248561	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)