

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:
400248594

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>Sheilla Reed-High</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3678</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4678</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-32270-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>IONE</u>	Well Number: <u>8-2-10</u>
8. Location: QtrQtr: <u>NENE</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: COMMINGLEDTreatment Date: _____ Date of First Production this formation: 11/28/2011Perforations Top: 7393 Bottom: 8066 No. Holes: 196 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole:

Set CBP @ 7340'. 01-24-12. Drilled out CBP @ 7340', CFP @ 7490', 7650 to commingle the JSND-NBRR-CDL. 01-25-12

This formation is commingled with another formation: Yes No**Test Information:**Date: _____ Hours: 24 Bbls oil: 55 Mcf Gas: 622 Bbls H2O: 8Calculated 24 hour rate: _____ Bbls oil: 55 Mcf Gas: 622 Bbls H2O: 8 GOR: 11309Test Method: FLOWING Casing PSI: 1077 Tubing PSI: 140 Choke Size: 12/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1314 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 8004 Tbg setting date: 01/26/2012 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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 10/19/2011 Date of First Production this formation: 11/28/2011Perforations Top: 7393 Bottom: 7545 No. Holes: 130 Hole size: 0.42Provide a brief summary of the formation treatment: _____ Open Hole: 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: Sheilla Reed-HighTitle: 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
400248595	WELLBORE DIAGRAM
400248596	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)