

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:
400248611

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 05-123-31382-00
6. County: WELD
7. Well Name: IONE Well Number: 6-8-2
8. Location: QtrQtr: NESE Section: 2 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/03/2011 Date of First Production this formation: 01/28/2012
Perforations Top: 7645 Bottom: 7664 No. Holes: 38 Hole size: 0.42

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

Set CFP @ 7700'. 11-03-11.
Frac'd the Codell 7645' - 7664', (38 holes) w/ 93,408 gal 22 # pHaserFrac Hybrid cross linked gel containing 250,340 # 20/40 sand. 11-03-11

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: _____

FORMATION: J-NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: 01/28/2012

Perforations Top: 7410 Bottom: 8150 No. Holes: 174 Hole size: 0.42

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

Set CBP @ 7150'. 01-25-12. Drilled out CBP @ 7150', CFP @ 7480'. 01-26-12
Drilled out CFP @ 7700' to commingle the JSND-NBRR-CDL. 01-27-12

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/04/2012 Hours: 24 Bbls oil: 65 Mcf Gas: 120 Bbls H2O: 30

Calculated 24 hour rate: _____ Bbls oil: 65 Mcf Gas: 120 Bbls H2O: 30 GOR: 1846

Test Method: FLOWING Casing PSI: 1276 Tubing PSI: 397 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1249 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8078 Tbg setting date: 01/27/2012 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: J SAND

Status: PRODUCING

Treatment Date: 11/03/2011 Date of First Production this formation: 01/28/2012

Perforations Top: 8090 Bottom: 8150 No. Holes: 52 Hole size: 0.42

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

Frac'd the J-Sand 8090'– 8150', (52 holes) w/ 67,830 gal 18 # pHaserFrac Hybrid
cross linked gel containing 250,000# 20/40 Sand. 11-03-11

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/03/2011 Date of First Production this formation: 01/28/2012

Perforations Top: 7410 Bottom: 7664 No. Holes: 122 Hole size: 0.42

Provide 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/03/2011 Date of First Production this formation: 01/28/2012

Perforations Top: 7410 Bottom: 7431 No. Holes: 84 Hole size: 0.42

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

Set CFP @ 7480'. 11-03-11. Frac'd the Niobrara 7410' – 7431' (84 holes), w/ 101,514 gals 18 # pHaserFrac Hybrid cross linked gel containing 250,600# 30/50 sand. 11-03-11

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-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
400248619	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)