

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 400262993

Date Received:

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: Jane Washburn
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-27291-00
6. County: WELD
7. Well Name: WARDELL
Well Number: 6-4-7
8. Location: QtrQtr: NESE Section: 7 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/23/2012 Date of First Production this formation:
Perforations Top: 7194 Bottom: 7888 No. Holes: 284 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
CIBP set at 7480' 8/11/11 was drilled out 2/23/12
CFP set @ 7300 8/11/11 was drilled out 2/23/12

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 02/28/2012 Hours: 20 Bbls oil: 4 Mcf Gas: 242 Bbls H2O: 1
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 290 Bbls H2O: 1 GOR: 58000
Test Method: Flow Casing PSI: 836 Tubing PSI: 722 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7821 Tbg setting date: 02/23/2012 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: COMMINGLED

Treatment Date: 02/23/2012 Date of First Production this formation: _____
Perforations Top: 7856 Bottom: 7888 No. Holes: 56 Hole size: _____

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

CIBP set at 7480' 8/11/11 was drilled out 2/23/12
CFP set @ 7300 8/11/11 was drilled out 2/23/12

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: 2 + 3/8 Tubing Setting Depth: 7821 Tbg setting date: 02/23/2012 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-CODELL Status: COMMINGLED

Treatment Date: 02/23/2012 Date of First Production this formation: _____
Perforations Top: 7194 Bottom: 7446 No. Holes: 228 Hole size: _____

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

CIBP set at 7480' 8/11/11 was drilled out 2/23/12
CFP set @ 7300 8/11/11 was drilled out 2/23/12

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: Operations Technologist Date: _____ Email jane.washburn@encana.com
 :

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400263008 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)