

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

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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 05-123-22522-00
6. County: WELD
7. Well Name: JACK NOEL
Well Number: 5-2-18
8. Location: QtrQtr: SWNE Section: 18 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

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

Perforations Top: 6913 Bottom: 7226 No. Holes: 224 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd the Niobrara (6913' - 7036') w/ 179,966 gal frac fluid and 250,220# sand (01-03-12)
Frac'd the Codell (7210' - 7226') with 119,965 gal frac fluid and 250,600# sand. (01-03-12)
CBP set @ 7090' on 1-3-12; drilled out on 2-16-2012. CIBP set @ 7280' on 1/3/2012.

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

Test Information:

Date: 02/25/2012 Hours: 14 Bbls oil: 14 Mcf Gas: 282 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 483 Bbls H2O: 12 GOR: 20125

Test Method: Flow Casing PSI: 420 Tubing PSI: 204 Choke Size: 0

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7180 Tbg setting date: 02/16/2012 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: Jane Washburn

Title: Operations Technologist

Date: _____

Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400263447	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)