

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



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 05-123-21366-00
6. County: WELD
7. Well Name: DIANE
Well Number: 33-28
8. Location: QtrQtr: NWSE Section: 28 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/16/2012 Date of First Production this formation:
Perforations Top: 7229 Bottom: 7479 No. Holes: 182 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
The CFP set @ 7280 on 10/14/2011 was drilled out on 1/16/2012 and 2-3/8 tubing set @ 7440.
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/11/2012 Hours: 23 Bbls oil: 83 Mcf Gas: 447 Bbls H2O: 28
Calculated 24 hour rate: Bbls oil: 87 Mcf Gas: 466 Bbls H2O: 29 GOR: 5385
Test Method: Flowing Casing PSI: 975 Tubing PSI: 566 Choke Size: 14/16
Gas Disposition: Gas Type: DRY BTU Gas: 1 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7440 Tbg setting date: 01/17/2012 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 |
|-------------|------------------|
| 400264248 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)