

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-10002-00
6. County: WELD
7. Well Name: DARLENNE Well Number: 1
8. Location: QtrQtr: NWSE Section: 34 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 06/15/2011 End Date: Date of First Production this formation:

Perforations Top: 7506 Bottom: 7520 No. Holes: 28 Hole size:

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

Refrac Codell, 7506-7520' with 116,424 gals frac fluid containing 250,800# sand CIBP set @ 7570. Drilled out on 6/27/11.

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J-CODELL Status: PRODUCING Treatment Type: _____
 Treatment Date: 06/27/2011 End Date: _____ Date of First Production this formation: _____
 Perforations Top: 7506 Bottom: 7985 No. Holes: 43 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

A CIBP was set @ 7570 on 6/3/11 to frac the Codell. It was drilled out on 6/27/11 and returned to production. The J Sand and Codell are commingled.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/11/2011 Hours: 7 Bbl oil: 3 Mcf Gas: 4 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 14 Bbl H2O: 0 GOR: 1400
 Test Method: Flow Casing PSI: 473 Tubing PSI: 468 Choke Size: 0
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7954 Tbg setting date: 06/28/2011 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: _____ ** Wireline and Cement Job Summary must be attached.

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: 3/29/2012 Email jane.washburn@encana.com

Attachment Check List

Att Doc Num	Name
400265712	FORM 5A SUBMITTED
400266545	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)