

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:

2505015

**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 4. Contact Name: SHEILLA REED-HIGH  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30823-00 6. County: WELD  
7. Well Name: GEIST Well Number: 0-2-32  
8. Location: QtrQtr: NWNW Section: 32 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/19/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7160</u> Bottom: <u>7854</u>	No. Holes: <u>172</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>JSND-NBRR-CDL COMMINGLE.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/11/2010</u> Hours: <u>24</u> Bbls oil: <u>45</u> Mcf Gas: <u>215</u> Bbls H2O: <u>25</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>45</u> Mcf Gas: <u>215</u> Bbls H2O: <u>25</u> GOR: <u>4777</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>469</u> Tubing PSI: <u>396</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1312</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7796</u> Tbg setting date: <u>06/01/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/19/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7822</u>	Bottom: <u>7854</u>	No. Holes: <u>52</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J SAND COMPLETION. FRAC J-SAND WITH 153,216 GAL 22# TO 18# SILVERSTIM HYBRID CROSS LINKED GEL CONTAINING 250,280 20/40 SAND. 05/19/2010.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/19/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7160</u>	Bottom: <u>7396</u>	No. Holes: <u>120</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR-CDL COMPLETION. SET CFP @ 7500'. 05-19-10. FRAC THE CODELL WITH 108,318 GAL 22# TO 18# SILVERSTIM HYBRID CROSS LINKED GEL CONTAINING 250,140# SAND. 05/19/2010. SET CFP @ 7290'. 05/19/2010. FRAC NIOBRARA WITH 142,674 GAL 18# SILVERSTIM HYBRID CROSS LINKED GEL CONTAINING 250,320# 20/40 SAND. 05/19/2010.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: OPERATIONS

Date: 6/28/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

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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: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 10/26/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2505015	FORM 5A SUBMITTED	LF@2518063 2505015
2505016	WELLBORE DIAGRAM	LF@2518064 2505016

Total Attach: 2 Files