

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2554557

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: JANE WASHBURN  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5431  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6431  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-22809-00 6. County: WELD  
 7. Well Name: GEIST Well Number: 2-4-32  
 8. Location: QtrQtr: SWNW Section: 32 Township: 3N Range: 67W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
 Treatment Date: 03/22/2010 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7210 Bottom: 7450 No. Holes: 80 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
NIOBRARA-FRAC'D WITH 141,414 GAL FRAC FLUID CONTAINING 250,700 # SAND; CODELL - FRAC'D WITH 121,002 GAL FRAC FLUID CONTAINING 250,180 # SAND.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 04/21/2010 Hours: 16 Bbls oil: 26 Mcf Gas: 297 Bbls H2O: 31  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 39 Mcf Gas: 446 Bbls H2O: 50 GOR: 11435  
 Test Method: FLOWING Casing PSI: 500 Tubing PSI: 182 Choke Size: 64/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1251 API Gravity Oil: 48  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7846 Tbg setting date: 04/16/2010 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: ENGINEERING TECH Date: 5/19/2010 Email JANE.WASHBURN@ENCANA.COM

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: 11/18/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554557	FORM 5A SUBMITTED	LF@2500715 2554557
2554558	WELLBORE DIAGRAM	LF@2500716 2554558

Total Attach: 2 Files