

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:

2554557

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: 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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/22/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7210</u> Bottom: <u>7450</u>	No. Holes: <u>80</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>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.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/21/2010</u> Hours: <u>16</u> Bbls oil: <u>26</u> Mcf Gas: <u>297</u> Bbls H2O: <u>31</u>	
Calculated 24 hour rate:	Bbls oil: <u>39</u> Mcf Gas: <u>446</u> Bbls H2O: <u>50</u> GOR: <u>11435</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: <u>182</u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1251</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7846</u> Tbg setting date: <u>04/16/2010</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: _____	

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