

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:

2554999

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 05-123-21837-00 6. County: WELD
 7. Well Name: IONE Well Number: 42-2
 8. Location: QtrQtr: SENE Section: 2 Township: 2N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 03/18/2010 Date of First Production this formation: _____
 Perforations Top: 7250 Bottom: 7519 No. Holes: 128 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
NIOBRARA - FRAC'D WITH 141,078 GAL FRAC FLUID CONTAINING 250,000 # SAND
CODELL - FRAC'D WITH 119,742 GAL FRAC FLUID CONTAINING 250,000 # SAND
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/03/2010 Hours: 8 Bbls oil: 21 Mcf Gas: 200 Bbls H2O: 18
 Calculated 24 hour rate: _____ Bbls oil: 63 Mcf Gas: 600 Bbls H2O: 54 GOR: 9523
 Test Method: FLOWING Casing PSI: 850 Tubing PSI: 489 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1290 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7927 Tbg setting date: 04/27/2010 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: 5/26/2010 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: 11/19/2010

Attachment Check List

Att Doc Num	Name
2554998	WELLBORE DIAGRAM
2554999	FORM 5A SUBMITTED

Total Attach: 2 Files