

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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COMPLETED INTERVAL REPORT

Document Number:

2556320

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: 80202-56
4. Contact Name: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-30320-00
6. County: WELD
7. Well Name: MCCONAHAY Well Number: 31-34
8. Location: QtrQtr: NWNE Section: 34 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7266 Bottom: 7970 No. Holes: 152 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

SET CFP @ 7150'. 04-06-10. DRILLED OUT CFPS TO COMMINGLE THE JSND-NBRR-CDL. 04/07/10.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/11/2010 Hours: 24 Bbls oil: 69 Mcf Gas: 336 Bbls H2O: 109

Calculated 24 hour rate: _____ Bbls oil: 69 Mcf Gas: 336 Bbls H2O: 109 GOR: 4870

Test Method: FLOWING Casing PSI: 1746 Tubing PSI: 900 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1206 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7918 Tbg setting date: 04/07/2010 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/30/2010 Date of First Production this formation: _____

Perforations Top: 7940 Bottom: 7970 No. Holes: 36 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

J SAND COMPLETION. FRAC'D THE J SAND WITH 250,200# 20/40 SAND. 03/30/2010.

This formation is commingled with another formation: Yes No

Test Information:

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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/30/2010 Date of First Production this formation: _____

Perforations Top: 7266 Bottom: 7510 No. Holes: 116 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

NBRR-CDL COMPLETION. SET CFP @ 7550'. 03/30/2010. FRAC'D THE CODELL WITH 250,420# FRAC SAND. 03/30/2010. SET CFP @ 7350'. 03/30/2010. FRAC'D THE NIOBRARA WITH 250,460# 20/40 FRAC SAND. 03/30/2010.

This formation is commingled with another formation: Yes No

Test Information:

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: 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: SHEILLA REED-HIGH

Title: OPERATIONS Date: 6/28/2010 Email: SHEILLA.REEDHIGH@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: 11/29/2010

Attachment Check List

Att Doc Num	Name
2556320	FORM 5A SUBMITTED
2556321	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)