

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:

2556322

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 05-123-30378-00 6. County: WELD
 7. Well Name: MCCONAHAY Well Number: 6-4-34
 8. Location: QtrQtr: SWNE 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: 04/08/2010 Date of First Production this formation: _____

Perforations Top: 7387 Bottom: 8086 No. Holes: 144 Hole size: _____

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

JSND-NBRR-CDL COMMINGLE. DRILLED OUT CFP @ 7480' 04/26/10. DRILLED OUT CFP @ 7710' TO COMMINGLE THE JSND-NBRR-CDL. 04/27/10.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/02/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 19 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 19 Bbls H2O: 3 GOR: 1056

Test Method: FLOWING Casing PSI: 1470 Tubing PSI: 106 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8051 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/08/2010 Date of First Production this formation: _____

Perforations Top: 8072 Bottom: 8086 No. Holes: 28 Hole size: 42/100

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

J SAND COMPLETION. FRAC'D THE JSND WITH 153,970 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,540# 20/40 SAND. 04/08/10.

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: 04/08/2010 Date of First Production this formation: _____

Perforations Top: 7387 Bottom: 7628 No. Holes: 116 Hole size: _____

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

NBRR-CDL COMPLETION. SET CFP @ 7710'. 04/08/10. FRAC'D THE CODELL WITH 109,410 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,340# SAND. 04/08/10. SET CFP @ 7480'. 04/08/10. FRAC'D THE NIOBRARA WITH 132,510 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,040# SAND. 04/08/10.

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: 5/30/2010 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: 11/29/2010

Attachment Check List

Att Doc Num	Name
2556322	FORM 5A SUBMITTED
2556323	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)