

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:
2071248

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 05-123-31040-00 6. County: WELD
 7. Well Name: WANDELL Well Number: 2-8-7
 8. Location: QtrQtr: NWNW Section: 18 Township: 2N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

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

Perforations Top: 7346 Bottom: 8016 No. Holes: 156 Hole size: _____

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

JSND-CDL-NBRR COMMINGLE. SET CBP @ 7280'. 08/09/2010. DRILLED OUT CBP @ 7260', CFP @ 7450' AND 7650' TO COMMINGLE THE JSND-CDL-NBRR. 08/10/2010.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/12/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 349 Bbls H2O: 36

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 349 Bbls H2O: 38 GOR: 26846

Test Method: FLOWING Casing PSI: 1430 Tubing PSI: 1130 Choke Size: _____

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7970 Tbg setting date: 08/10/2010 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: 06/25/2010 Date of First Production this formation: _____

Perforations Top: 7996 Bottom: 8016 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION. FRAC'D THE J SAND WITH 154,938 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 252,140# 20/40 SAND. 06/25/2010.

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: 06/25/2010 Date of First Production this formation: _____

Perforations Top: 7346 Bottom: 7574 No. Holes: 116 Hole size: _____

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

CODL-NBRR COMPLETION. SET CFP @ 7650'. 06/25/2010. FRAC'D THE CODELL WITH 109,326 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,476 # 20/40 SAND. 06/25/2010. SET CFP @ 7450'. 06/25/2010. FRAC'D THE NIOBRARA WITH 145,278 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,520# 20/40 SAND. 06/25/2010.

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: 8/28/2010

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: 12/14/2010

Attachment Check List

Att Doc Num	Name
2071248	FORM 5A SUBMITTED
2071249	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)