

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:

2071531

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 05-014-20664-00 6. County: BROOMFIELD
 7. Well Name: SEARS Well Number: 22-26
 8. Location: QtrQtr: SENW Section: 26 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 06/01/2010 Date of First Production this formation: _____
 Perforations Top: 8382 Bottom: 8398 No. Holes: 32 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 J SAND COMPLETION. FRAC'D THE J SAND WITH 154,434 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,200# 20/40 SAND. 06-01-10
 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: 06/01/2010 Date of First Production this formation: _____

Perforations Top: 7580 Bottom: 7952 No. Holes: 160 Hole size: _____

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

CDL-NBRR COMPLETION: SET CFP @ 8060'. 06-01-10. FRAC'D THE CODELL WITH 109,368 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,080# 20/40 SAND. 06-01-10. SET CFP @ 7810'. 06-01-10. FRAC'D THE NIOBRARA WITH 133,972 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,560# 20/40 SAND. 06-01-10.

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: OPS TECHNOLOGIST Date: 12/8/2010 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: 12/14/2010

Attachment Check List

Att Doc Num	Name
2071531	FORM 5A SUBMITTED
2071532	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)